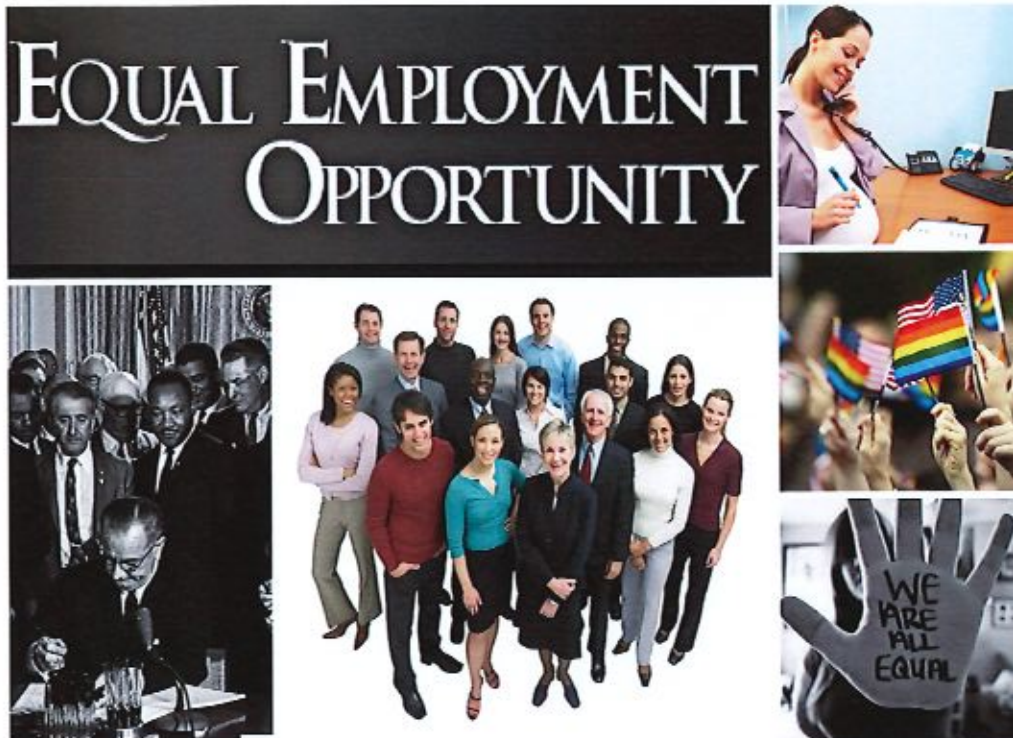


Commonwealth of Puerto Rico
Department of Transportation and Public Works
Puerto Rico Highway and Transportation Authority



**Equal Employment Opportunity Program
Plan for 2022 – 2026**

Highway and Transportation Authority Equal Employment Opportunity Program Plan for 2022-2026

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Part I Organization

BACKGROUND

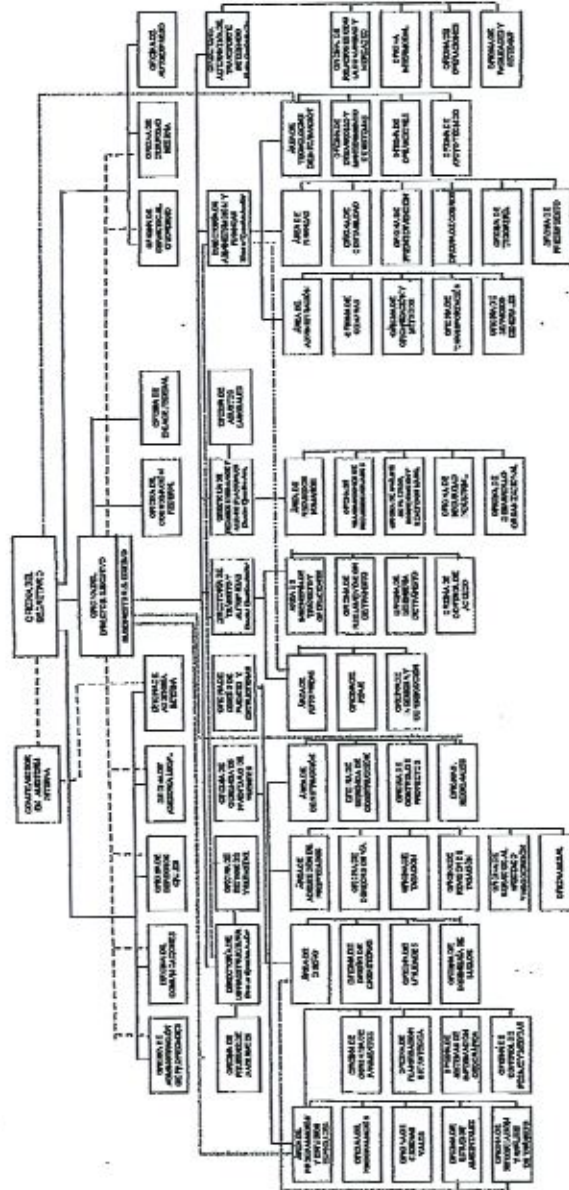
Effective January 2, 1973, as authorized by Plan Number 6 for the reorganization of the Executive Branch of the Commonwealth of Puerto Rico, the Department of Public Works was reorganized and re-designated as Department of Transportation and Public Works (DTPW). This Department is the central government agency in charge of the transportation programs of the Commonwealth of Puerto Rico. By this Reorganization Plan, The Highway Authority, the Ports Authority (later disengaged through subsequent legislation), and the Metropolitan Bus Authority were attached to the DTPW. The authorities ascribed to the DTPW operate as public corporations with fiscal autonomy over matters for which they are responsible. However, the authorities discharge their functions under policies formulated and adopted by the Secretary of Transportation and Public Works. This plan is applicable to the PRHTA.

The Puerto Rico Highway Transportation Authority (PRHTA) is a public corporation and government instrumentality of the Commonwealth. It was created to provide people with the best means of transportation and to expedite the movement of vehicles and individuals, to relieve in every possible way the hazards and inconveniences caused by congestion on the roads of the Commonwealth. The Agency fulfills its obligations through an Executive Director, who responds to a Board of Directors, presided by the Secretary of the DTPW.

The Civil Rights Office is an office within the Area known as Secretariate, which services both DTPW and PRHTA.

PRHTA Organization Chart

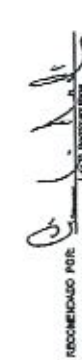
AUTORIDAD DE CARRETERAS Y TRANSPORTACIÓN
ORGANIGRAMA ORGANIZACIONAL
Febrero 2011



NOTAS:
(1) Sección especial de la A. de C. que asiste y asesora a la Dirección General de Tráfico y Vehículos.
(2) Sección especial de la A. de C. que asiste y asesora a la Dirección General de Infraestructura.
(3) Sección especial de la A. de C. que asiste y asesora a la Dirección General de Operaciones.

APROBADO POR:

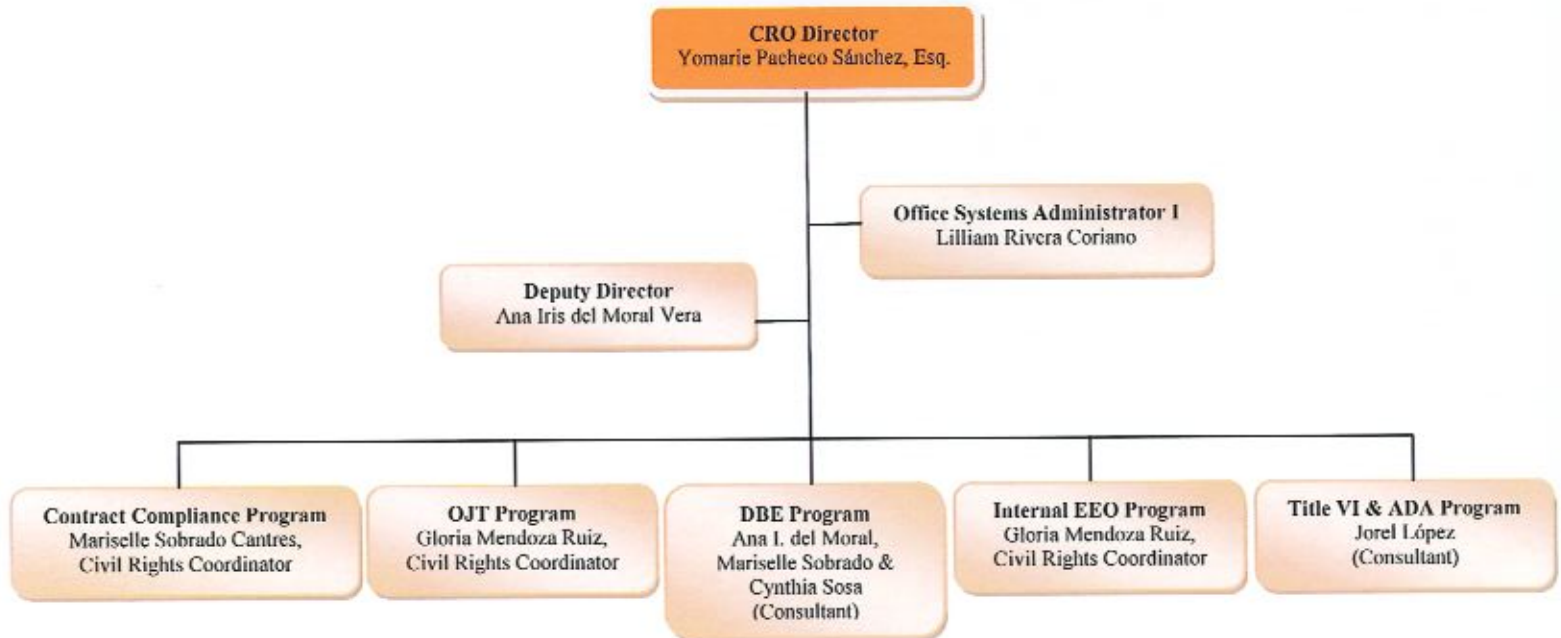
DIRECTOR GENERAL DE CARRETERAS Y TRANSPORTACIÓN

RECOMENDADO POR:

DIRECTOR GENERAL DE CARRETERAS Y TRANSPORTACIÓN

CIVIL RIGHTS OFFICE MISSION STATEMENT

To guarantee that all employees, applicants, visitors and beneficiaries of the Department of Transportation and Public Works and the Highway and Transportation Authority are treated equally; that they are denied no rights on the basis of race, color, religion, gender, gender identity, pregnancy, national origin, age, real or perceived sexual orientation, genetic information, social condition, political ideologies, veteran, handicapped, HIV status, domestic violence or sexual attacks victims. This guarantee implies that both Agencies will abstain, through affirmative action, of incurring in discriminatory practices and if so, the Civil Rights Office will act within the scope of its responsibilities, without delay, to correct the situation, including recommending disciplinary action.

CIVIL RIGHTS OFFICE (CRO) Organizational Chart



Part II

Internal EEO/AA Achievements

RESPONSIBILITY FOR THE IMPLEMENTATION

The DTPW's Secretary and PRHTA's Executive Director have overall responsibility for the Program. However, the Director of the Civil Rights Office, is designated as the EEO Officer and has support from the Civil Rights Coordinator in this office. The personnel in this Office is involved in every aspect related to equal employment opportunity, including the coordination and preparation of the Affirmative Action Program.

The EEO Officer's responsibilities are:

1. Developing and recommending EEO policy, a written EEO Program and internal and external communication procedures.
2. Assisting management in collecting and analyzing employment data, identifying problem areas, setting goals and timetables, and developing programs to achieve goals.
3. Designing, implementing, and monitoring internal audit and reporting systems to measure program effectiveness and to determine where progress has been made and where further action is needed.
4. Reviewing the agency's nondiscrimination plan with all managers and supervisors to ensure that the policy is understood.
5. Concurring in all hires and promotions.
6. In conjunction with human resources, periodically reviewing employment practices policies (hiring, promotions, training), complaint regulation, reasonable accommodation procedure, and others).
7. Reporting periodically to the chief executive officer on progress of each unit in relation to the agency's goals (at least semiannually).
8. Serving as liaison between the agency, Federal, State, and local governments, regulatory agencies, minorities, handicapped and women's organizations, and other community groups. Guidance is offered to the different Municipalities on FTA programs and how to apply for funds, as well as non-profit organizations (see attendance records).
9. Maintaining awareness of current EEO laws, and ensuring the laws affecting nondiscrimination are disseminated to responsible officials.
10. Investigating complaints of EEO discrimination.

11. Providing EEO training for employees and supervisors. All new Directors/Managers/Supervisors are required to go through supervisory EEO training within 90 days of appointments.
12. In conjunction with human resources, advising employees and applicants of available training programs and professional development opportunities and the entrance requirements.
13. Auditing postings of the EEO policy statement to ensure compliance information is posted and up to date.

Officials, Supervisors and Managers throughout the different components of PRHTA are responsible for:

1. Participating actively in periodic audits of all aspects of employment in order to identify and to remove barriers obstructing the achievement of specified goals and objectives.
2. Holding regular discussions with other managers, supervisors, and employees to assure the agency's policies and procedures are being followed.
3. In conjunction with the EEO Officer, maintaining and updating the personnel database for generating reports required for the nondiscrimination program.
4. Cooperating with the EEO Officer in review of information and investigation of complaints.
5. Encouraging employee participation to support the advancement of the EEO Program (professional development and career growth opportunities, posting promotional opportunities, shadowing, mentoring).

The Civil Rights Office is located at the Roberto Sánchez Vilella Government Center, South Tower, 16th floor, Santurce, Puerto Rico. The postal address is P.O. Box 42007, San Juan PR 00940-2007. The telephone number is (787) 721-8787, extensions 51740 or 51742.

EEO POLICY

Government of Puerto Rico DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS AND ITS AGENCIES

Policy Statement EQUAL OPPORTUNITY

The Department of Transportation and Public Works (Department) has a strong commitment to the community we serve and our employees. As an equal opportunity employer, we strive to have a workforce that reflects the community we serve. No person is unlawfully excluded from employment opportunities based on race, color, religion, national origin, sex (including gender identity, real or perceived sexual orientation, and pregnancy), age, genetic information, social condition, political ideologies, disability, veteran status, HIV status, domestic violence or sexual attack victims, or any other protected class.

The Department's Equal Employment Opportunity (EEO) Policy applies to all employment actions, including but not limited to, recruitment, hiring, selection for training, promotion, transfer, demotion, layoff, termination, rates of pay or other forms of compensation.

All Department employees, or applicants have the right to file complaints alleging discrimination. Retaliation against an individual who files a charge or complaint alleging discrimination, participates in an employment discrimination proceeding (such as an investigation or lawsuit), or otherwise engages in protected activity, is strictly prohibited, and will not be tolerated.

The Department is committed to providing reasonable accommodation to employees and applicants who need them because of a disability or to practice or observe their religion, absent undue hardship.

As Secretary of the Department of Transportation and Public Works, I will act decisively to ensure equal opportunities, both for women and for members of protected classes, by applicable state and federal laws and regulations.

To ensure the continuity of the daily administration, including the preparation of the program, as well as the monitoring and the investigation of complaints, I have appointed Ms. Yomarie Pacheco Sánchez, Esq., Director of the Civil Rights Office, whom may be contacted through the telephone number (787) 721-8787 X-1740, or through the email address derechos civiles@dtwp.pr.gov, as EEO Officer for the Department. Ms. Pacheco Sánchez will report to me directly and will act with my authority before all levels of management, unions, and employees.

All Department executives, managers, and supervisory personnel, however, share in the responsibility for implementing and monitoring the Department's EEO Policy and Program within the respective areas, and will be assigned specific tasks to ensure compliance is achieved. The Department will evaluate its managers' and supervisor' performance on the successful implementation of the Department's policies and procedures, in the same way that the Department assesses their performance regarding other agency's goals.

The Department of Transportation and Public Works is committed to developing and undertaking a written nondiscrimination program that sets forth the policies, practices and procedures, with goals and timetables, to which the agency is committed and make the EEO Program available for inspection by any employee or applicant for employment upon request, or easily accessed through our official website https://act.dtop.pr.gov/pdf/civilrights/eoo/eoo_program.pdf.

I am personally committed to a workplace that acts upon its daily responsibility to treat all employees and applicants with dignity and respect, as well as equitability under the guidelines of our EEO Policy and Program.


Eileen M. Vélez Vega, P.E.
Secretary

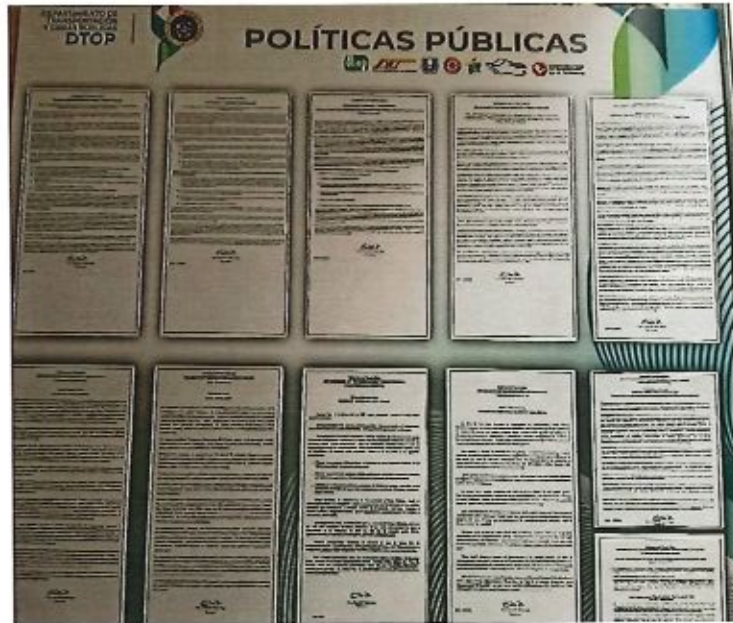
(REV. 1/2021)

DISSEMINATION OF POLICY

A. Internal Dissemination

The Agency will continue to make its equal opportunity policy known internally by:

- Posting our policy statement in the entire Agency's different offices in common areas where it is readily accessible.



- Policy explanation given in new hire orientations and management of training programs. New hires receive all human resources procedures, including the EEO policy, Sexual Harassment policy, Title VI policy and Young People policy, among others.
- Conducting meetings with management and supervisory personnel to explain the policy's intent, the commitment, and individual responsibilities for an effective implementation.

B. External Dissemination

The Agency makes its policy known externally by:

- Incorporating the equal employment opportunity clause in all purchase orders, leases and contracts.
- Informing all recruiting sources in writing of the Agency policy, stipulating that the sources actively recruit and refer women for all positions for which they refer applicants.
- Sending written notification of the Agency's policy to all subcontractors, vendors and suppliers.

EMPLOYEE ACTIONS AND GOALS

A. Composition – As of November 30, 2021. PRHTA's workforce consists of 836 employees of which 295 are females and represent 35% of the workforce population. The workforce analysis is comprised of a snapshot view of a facility's workforce by department or other similar organizational unit that includes lowest to highest paid wage by classification and the total number of incumbents in each job title. Based on analysis of each job group, areas of concern have been identified and are discussed below along with proposed corrective actions to bring the level of utilization up to availability, if applicable.

Job Group	Total for group	Total female	Female Utilization	Availability percentage	Underutilized Yes/No	Goal
Officials & Managers	99	31	31%	3%	NO	---
Professionals	283	134	47%	4%	NO	---
Technicians	196	20	10%	17%	YES	13
Office and clerical	127	101	79%	45%	NO	---
Skilled Workers (Craft)	47	5	10%	1%	NO	---
Operatives (Semi skilled)	58	0	0%	2%	YES	1
Laborers (unskilled)	14	0	0%	7%	YES	1
Service Workers	12	3	25%	92%	YES	8

Total employees	836	295	35%
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ESTABLISHMENT OF GOALS BY JOB GROUP

Included herein is the Utilization Analysis for the Agency. In Job Groups where there exists "underutilization" as required by 41 CFR 60-2.11 and -2.12, the Agency will make good faith efforts to select women within these areas.

Where no underutilization exists, it is, of course, our intention to continue to employ and advance women in a non-discriminatory manner.

PRHTA will continue to ensure that women considered for positions in each job group are treated in a non-discriminatory manner. We intend to monitor closely our personnel activities not only to measure goal progress, but also to identify problems of potential discrimination and take immediate action.

Goals established for females in PRHTA for the **2018** AAP:

Job Group	Total for group	Total female	Female Utilization	Availability percentage	Underutilized Yes/No	Goal
Officials & Managers	148	54	36%	35%	NO	---
Professionals	496	215	43%	42%	NO	---
Technicians	271	31	11%	15%	YES	9
Office and clerical	255	199	78%	60%	NO	---
Skilled Workers (Craft)	73	5	7%	4%	NO	---
Operatives (Semi skilled)	152	1	1%	13%	YES	1
Laborers (unskilled)	75	1	1%	18%	YES	13
Service Workers	31	9	29%	67%	YES	12

Total employees	1,501	515	34%
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The PRHTA didn't post job opportunities for Technicians, Operatives, Laborers and Service Workers. There were only job opportunities for Officials and Managers and Professionals

In **Officials & Managers**, there were 2 hires (males); and 2 promotions from outside this job group, all of them were female.

In **Professionals**, we had 4 promotions from outside this job group, 1 of them was a female.

EEO COMPLAINTS

PRHTA has established a Complaint System Regulation for Discrimination and Sexual Harassment. The procedure provides for two stages of investigation: preliminary and formal. After the final stage appropriate measures are taken.

Between January 1, 2018 and December 31, 2021, 4 discrimination cases (complaint) were filed at the Civil Rights Office.

Motive	Formal Complaints	Consultation
ADA	2	0
Age	0	0
Color	0	0
Gender	0	0
National Origin	0	0
Political Ideologies	0	0
Race	0	0
Religion	0	0
Sexual Harassment	2	0
Social Conditions	0	0
Veterans	0	0
Title VI	0	0
TOTAL	4	0
Job Related Problem	0	2

Orientation System – The Civil Rights Office has published an informative brochure describing its functions and responsibilities as the Agency's equal employment opportunity office. The new employees receive this informative brochure and equal employment opportunity orientation.

Workplace harassment Seminars – PRHTA offered mandatory workshops on various discriminatory topics, including sexual harassment. In these workshops, 71 women and 96 men participated. The Civil Rights Office periodically schedules these seminars for all personnel. Between January 1, 2018 and December 31, 2021, 33 employees and 17 supervisors participated.

ASSESSMENT OF EMPLOYMENT PRACTICES

PERSONNEL REGULATION 02-005

The following human resources practices were included in the Personnel Regulation 02-005:

RECRUITMENT AND SELECTION PROCEDURES (ARTICLE 10)

According to Personnel Regulation (Section 10.2), the employment opportunities are published using the most appropriate communications media. PRHTA uses bulletin boards in all dependencies, Internet, Intranet, radio, television, newspapers, and professional magazines to display job opportunities. The Agency's job posting includes information about job title, job description, salary range, due date to receive applications, physical and environmental demands, educational and experience requirements, tests or any other pertinent information.

After the due date to receive applications, the recruitment section evaluates job applications (Section 10.3) and verifies that the applicants comply with the requirements of the job and assure that all documents required are included with the application. To assure equality in the evaluation, PRHTA uses a metrical system (Section 10.4) for a uniform evaluation. When the evaluator certifies all qualified persons, a certification of eligible is prepared (Section 10.5) and qualified applicants are referred to interview. The interviewers are Area or Office Directors of areas where applicants would work. When the candidate is pre-selected, the Area Director notifies Human Resources Area, and they prepare the documents for recruitment (Section 10.6).

PROMOTIONAL AND TRANSFERS PROCEDURES (ARTICLE 11)

The objectives of the promotions is to incentive and retain the best personnel in employment, offer opportunities for progress, maintain a high satisfaction and execution level, and try to retain the talented employees. The promotions for employees (Section 11.1) can be reached by two (2) ways: reclassification of job or by job posting.

The Agency makes transfers (Section 11.2) due to service needs or as a mechanism to relocate employees to areas that offer more satisfaction, and this employee contributes with his/her efforts to reach Agency's goals according to Personnel Regulation. For the transfer, the employees must comply with basic requirement of the job (experience and education).

JOB DESCRIPTIONS, SCALES AND SALARIES (ARTICLE 9)

According to the Agency's organizational plan, Human Resources Office maintains updated job specifications. All jobs are grouped by scale and this scale has an assigned basic and maximum salary based on a Job Classification Plan implemented in January 2003.

TRAININGS (ARTICLE 13)

The Agency develops the talents and capabilities of our personnel. The Organizational Development Office is responsible to offer or coordinate in-house training or trainings offered by other agencies and notify all employees of the availability of such trainings. The employees request training by filling out training request form. The Civil Rights Office periodically offers the *Civil Rights and Sexual Harassment* seminars to all employees and supervisors including our EEO Policy Statements and Complaint System Regulation for Discrimination and Sexual Harassment.

DISCIPLINARY ACTIONS REGULATION 02-004

The following disciplinary actions practices were included in Regulation 02-004:

DISCIPLINARY ACTIONS AND TERMINATIONS

According to the Agency's Disciplinary Action Regulation, the following steps are taken when an employee is to be disciplined, including termination:

1. The Secretary, Director, Area Director or Advisor Office Director, Regional Director, Office Chief or Supervisor, will advise an employee for the action committed before informing or referring the matter to Labor Affairs Office (LAO), under the Legal Adviser's Office. The Supervisor will conduct a preliminary investigation of the incident.
2. In situations with the possibility of applying disciplinary actions (suspend employment and salary, or dismissal), the following rules will be observed:
 - a. The Supervisor, Office Director, Area Director or Advisory Office Director will request disciplinary investigation to the Labor Affairs Office.
 - b. In case of possible disciplinary charges, the infractions will be supported by one or more of the following documents:
 - Form ACT 408 Application for Disciplinary Investigation
 - Audit reports
 - Supervisor's memo
 - Report of Administrative or Criminal Investigation
 - Report of Governmental Ethics Office
3. The LAO will carry out an investigation of the facts, within ten (10) business days after receiving the request for disciplinary investigation or within a reasonable period of time, depending on the magnitude, seriousness and circumstances in which the events occurred.

4. In case of complaints filed in the Civil Rights Office, after the formal investigation is completed, the Civil Rights Office refers to Labor Affairs Office for the disciplinary action according to Regulation 02-004, Article VIII.
5. If LAO understands that a disciplinary action is warranted, it will notify employee of the charges. The notification will be formal, written, and personal delivery or by certified mail. This notification includes the facts, infraction, and sanctions according to Disciplinary Actions Regulation. The employee has 5 labor days to inform if he/she chooses to request informal administrative interview by writing communication to LAO Director. If not, submit a written communication in the stipulated period, his/her version of the facts or demonstrate why LAO should not apply sanctions.
6. When the employee chooses an informal administrative interview, after interview conclusion, the Examiner should submit a written report to LAO Director, at least 30 labor days since the day of the interview, according to Regulation.
7. When LAO determines that the charges do not proceed, LAO Director notifies the Human Resources Area, to eliminate the documents of the employee record and proceed to reinstall the employee if he/she was suspended from employment.
8. If the charges proceed, a formal letter shall be issued, indicating the measure to be applied and notifying the employee of his/her right to appeal before the Appeals Committee in case of managerial employees or to the appropriate unit in case of labor union employees.

REPORTING AND INTERNAL AUDIT SYSTEMS

The EEO Officer is responsible for the design and implementation of the auditing and reporting system in coordination with the Human Resources Office, which monitors personnel transactions. The reporting and monitoring system provides for:

- Maintaining accurate records on all applicants, hires, job posting, internal selections (promotion, demotion or transfer) and terminations by gender.
- Reviewing all selection, promotion and training procedures to ensure that they are non-discriminatory.
- Monitoring progress towards established goals, providing feedback to management on numbers of opportunities and numbers/percent of selections of women into Job Groups with goals and comparing selection rates to the established goals.
- Informing management at least annually about the effectiveness of the policy and recommendations for improvements, if any.

- Our Office works with the EEO complaints as per Regulation 01-004 and monitors them from start to finish, ensuring that the process is duly completed.
- Subcontractors are monitored by the EEO Contract Compliance Program to assure that they do not discriminate in all personnel process and evaluate the good faith efforts to comply with the 6.9% of female participation in the construction projects.

The following personnel activities are reviewed at least annually to ensure nondiscrimination and equal employment opportunity for all individuals without regard to their race, color, gender, religion, or national origin:

- Recruitment, advertising, and job application procedures.
- Hiring, promotion, upgrading, layoff, etc.
- Rates of pay and any other forms of compensation.
- Job assignments, job classifications, job descriptions, and seniority lists.
- Sick leave, leaves or absence, or any other leave
- Training, apprenticeships, attendance at professional meetings and conferences; and
- Any other term, condition, or privilege of employment.

The following documents are maintained as a component of the internal audit process:

1. An Applicant Flow Log showing the name, minority group, gender, date of application, job title, interview status and the action taken for all individuals applying for job opportunities.
2. Summary data of external job offers and hires, promotions, resignations, terminations, and layoffs by job group and by gender and minority group identification.
3. Summary data of applicant flow by identifying, at least, total applicants, total minority applicants, and total female applicants for each position.
4. Records pertaining to compensation system.

When the monitoring concludes, the EEO Officer submits a report and the following occurs:

- The EEO Officer will discuss any problems relating to the monitoring with the Human Resources Director.
- The EEO Officer makes suggestions to the Human Resources Director and recommends remedial actions for the effective implementations of the AAP.
- The EEO Officer will report to the Executive Director the status of the AAP goals and objectives, the monitoring findings, and the remedial actions for the effective implementation of the AAP.

Part III - Employment Statistics

Summary of Applicants January 2018 – December 2021

Job Group	Female	Male	Total
Officials and Managers	56	66	122
Professionals	19	21	40
TOTAL	75	87	162

Summary of New Hires January 2018 – December 2021

Job Group	Female	Male	Total
Officials and Managers	0	2	2
Professionals	0	0	0
TOTAL	1	2	2

Summary of Promotions January 2018 – December 2021

Job Group	Female	Male	Total
Officials and Managers	8	8	16
Professionals	1	3	4
TOTAL	9	11	20

ADVERSE IMPACT

OFFICIALS AND MANAGERS

Applicants		Hires	Selection Rate
Male	66	2	$2/66 = 3\%$
Female	56	0	$0/56 = 0\%$

When you compare the male selection rate (3%) with the female selection rate (0%) the last one is a 0% of the first one. Using the 80% rule, we determined that there is an adverse impact ($0\% < 80\%$).

PROFESSIONALS

Applicants		Hires	Selection Rate
Male	21	0	$0/21 = 0\%$
Female	19	0	$0/19 = 0\%$

No adverse impact.

TECHNICIANS (SEMI-PROFESSIONALS)

Applicants		Hires	Selection Rate
Male			
Female			

No job opportunities in this job group were posted.

OFFICE AND CLERICALS

Applicants		Hires	Selection Rate
Male			
Female			

No job opportunities in this job group were posted.

SKILLED WORKERS

Applicants		Hires	Selection Rate
Male			
Female			

No job opportunities in this job group were posted.

SEMI-SKILLED WORKERS

Applicants		Hires	Selection Rate
Male			
Female			

No job opportunities in this job group were posted.

UNSKILLED WORKERS

Applicants		Hires	Selection Rate
Male			
Female			

No job opportunities in this job group were posted.

SERVICE WORKERS

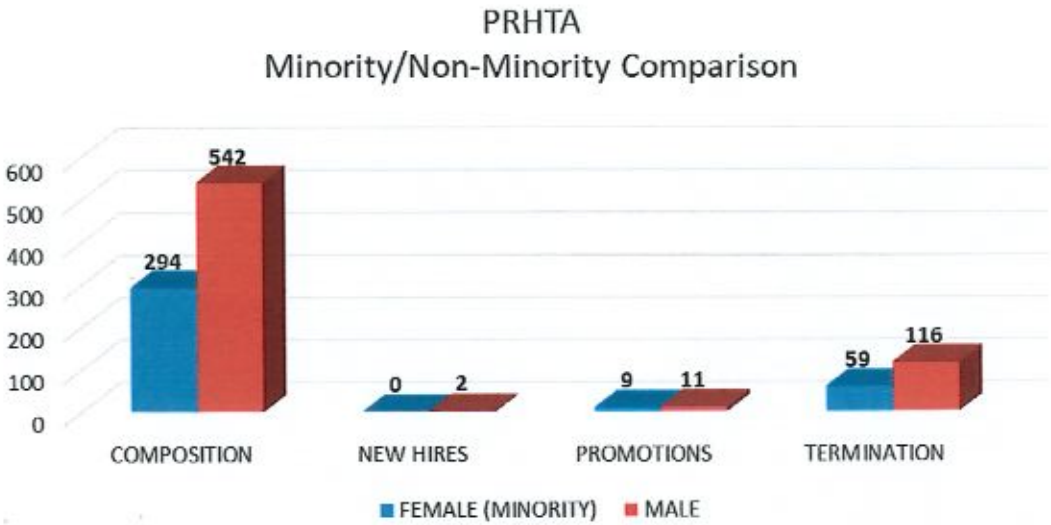
Applicants		Hires	Selection Rate
Male			
Female			

No job opportunities in this job group were posted.

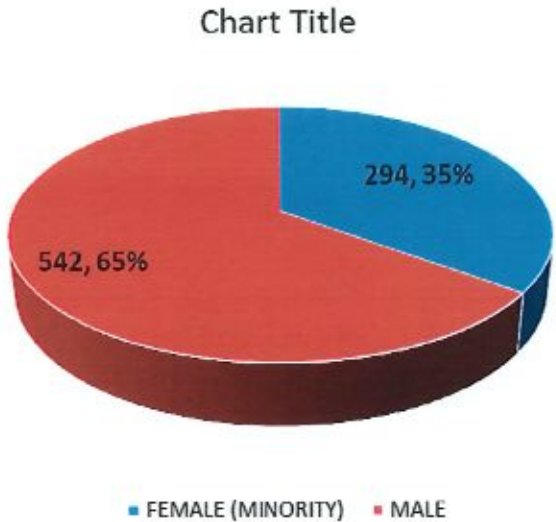
Summary of Terminations
January 1, 2018 – December 31, 2022

Job Group	Female	Male	Total
Official and Managers	4	14	18
Professionals	20	38	58
Technicians	3	14	17
Office and Clericals	29	7	36
Skilled Workers	0	6	6
Semi-Skilled Workers	0	25	25
Unskilled Workers	0	12	12
Service Workers	3	0	3
TOTAL	59	116	175

PART IV – CHARTS



PRHTA – Composition Report
Total Employees = 836
December 31, 2021



Formal Complaints January 1, 2018 – December 31, 2021



ATTACHMENT I
UTILIZATION ANALYSIS

Utilization Analysis by Job Category

A		B	C	C	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
Job Category		Salary Range (\$XX,000-XX,000)	Alt	WIM	MM	W/F	MF	W	Alt/AN	B	HL	A	NHOP	M/JH	W	Alt/AN	B	M/L	A	NHOP	Multi	
1	Use EEO-4																					
2	1 - Officials & Administrators	\$20,500-\$100,000	99	0	63	0	31		0.0%	0.0%	0.0%	88.7%	0.0%	0.0%	0.0%	0.0%	0.0%	31	0.0%	0.0%	0.0%	
3	Current Workforce				65.7%				0.0%	0.0%		88.7%	0.0%	0.0%	0.0%	0.0%	0.0%	31.5%	0.0%	0.0%	0.0%	
4	Percent in Category								0.0%	0.0%		88.7%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%	
5	Percent of Availability								0.0%	0.0%		88.7%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%	
6	Percent Underutilized								0.0%	0.0%		88.7%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%	
7	Percent Underutilized (Yes/No)								No	No	No	No	No	No	No	No	No	No	No	No	No	
8	Number Needed to Reach Parity																					
9	Planned percent increase Year 1																					
10	Planned percent increase Year 2																					
11	Planned percent increase Year 3																					
12	Planned percent increase Year 4																					
13	2 - Professionals	\$16,500-\$100,000	233	0	149	0	134		0.0%	0.0%	0.0%	52.7%	0.0%	0.0%	0.0%	0.0%	0.0%	134	0.0%	0.0%	0.0%	
14	Current Workforce				52.7%				0.0%	0.0%		52.7%	0.0%	0.0%	0.0%	0.0%	0.0%	47.3%	0.0%	0.0%	0.0%	
15	Percent in Category								0.0%	0.0%		52.7%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	
16	Percent of Availability								0.0%	0.0%		52.7%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	
17	Percent Underutilized								0.0%	0.0%		52.7%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	
18	Percent Underutilized (Yes/No)								No	No	No	No	No	No	No	No	No	No	No	No	No	
19	Number Needed to Reach Parity																					
20	Planned percent increase Year 1																					
21	Planned percent increase Year 2																					
22	Planned percent increase Year 3																					
23	Planned percent increase Year 4																					
24	3 - Technicians	\$14,700-\$50,000	198	0	176	0	20		0.0%	0.0%	0.0%	89.8%	0.0%	0.0%	0.0%	0.0%	0.0%	20	0.0%	0.0%	0.0%	
25	Current Workforce				89.8%				0.0%	0.0%		89.8%	0.0%	0.0%	0.0%	0.0%	0.0%	10.2%	0.0%	0.0%	0.0%	
26	Percent in Category								0.0%	0.0%		89.8%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%	0.0%	0.0%	0.0%	
27	Percent of Availability								0.0%	0.0%		89.8%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%	0.0%	0.0%	0.0%	
28	Percent Underutilized								0.0%	0.0%		89.8%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%	0.0%	0.0%	0.0%	
29	Percent Underutilized (Yes/No)								No	No	No	No	No	No	No	No	No	No	No	No	No	
30	Number Needed to Reach Parity																					
31	Planned percent increase Year 1																					
32	Planned percent increase Year 2																					
33	Planned percent increase Year 3																					
34	Planned percent increase Year 4																					
35	4 - Unemployed (Yes/No)																					
36	Number Needed to Reach Parity																					
37	Planned percent increase Year 1																					
38	Planned percent increase Year 2																					
39	Planned percent increase Year 3																					
40	Planned percent increase Year 4																					
41	5 - Unemployed (Yes/No)																					
42	Number Needed to Reach Parity																					
43	Planned percent increase Year 1																					
44	Planned percent increase Year 2																					
45	Planned percent increase Year 3																					
46	Planned percent increase Year 4																					

Utilization Analysis by Job Category

[illegible]

Utilization Analysis by Job Category

A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R		S		T		U		V											
Job Category		Salary Range (\$XX,000-XX,000)		All		W/M		Total Workforce		W/F		Y/F		W		A/UAN		B		H/L		A		NHOP1		NHUE		W		AUAN		B		H/L		A		NHOP1		NHUE		Multi											
1	Use EEO-4			47	0	42	0	87.7	0	42	0	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%								
2	Skilled Craft																																																				
3	Current Workforce																																																				
4	Percent in Category																																																				
5	Percent of Availability																																																				
6	Percent Underutilized																																																				
7	Underutilized (Yes/No)																																																				
8	Number Needed to Reach Parity																																																				
9	Planned percent Increase Year 1																																																				
10	Planned percent Increase Year 2																																																				
11	Planned percent Increase Year 3																																																				
12	Planned percent Increase Year 4																																																				
13	Service/Maintenance			26	0	23	0	88.5%	0	23	0	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
14	Current Workforce																																																				
15	Percent in Category																																																				
16	Percent of Availability																																																				
17	Percent Underutilized																																																				
18	Underutilized (Yes/No)																																																				
19	Number Needed to Reach Parity																																																				
20	Planned percent Increase Year 1																																																				
21	Planned percent Increase Year 2																																																				
22	Planned percent Increase Year 3																																																				
23	Planned percent Increase Year 4																																																				
Notes: PR Department of Labor Statistics, "People employed by occupational group and gender Nov-2021" (external information);																																																					

ATTACHMENT II
EMPLOYMENT PRACTICES

Job Category (Use EEO-4)		Total		W		A/U/A		B		H/L		A		NHOPI		M	
		Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1 - Officials & Administrators																	
Number Applied		68	56								66	56					
Total Promotions		8	8								8	8					
Selection Rate		12.1%	14.3%	N/A	N/A						12.1%	14.3%	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate		84.8%	100.0%	N/A	N/A						84.8%	100.0%	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)		No	No	N/A	N/A						No	No	N/A	N/A	N/A	N/A	N/A
2 - Professionals																	
Number Applied		21	19								21	19					
Total Promotions		3	1								3	1					
Selection Rate		14.3%	5.3%	N/A	N/A						14.3%	5.3%	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate		100.0%	38.8%	N/A	N/A						100.0%	38.8%	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)		No	Yes	N/A	N/A						No	Yes	N/A	N/A	N/A	N/A	N/A
3 - Technicians																	
Number Applied		-	-								-	-					
Total Promotions		-	-								-	-					
Selection Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
4 - Protective Service																	
Number Applied		-	-								-	-					
Total Promotions		-	-								-	-					
Selection Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
5 - Paraprofessional																	
Number Applied		-	-								-	-					
Total Promotions		-	-								-	-					
Selection Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
6 - Administrative Support																	
Number Applied		-	-								-	-					
Total Promotions		-	-								-	-					
Selection Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
7 - Skilled Craft																	
Number Applied		-	-								-	-					
Total Promotions		-	-								-	-					
Selection Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)		N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A	N/A	N/A	N/A

Job Category (Use EEO-4)	Total		W		A/AN		B		H/L		A		NHOPI		M	
	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
8 - Service-Maintenance																
Number Applied	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Promotions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Selection Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Notes:

Job Category (Use EEO-4)	Total		W		A/AN		B		H/L		A		NHOPI		M	
	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Persons with Disabilities																
Number Applied	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Promotions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Selection Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Veterans																
Number Applied	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Total Promotions	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Selection Rate	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Notes: NO PERSONS WITH DISABILITIES APPLIED.

Job Category (Use EEO-4)	Total		W		AI/AN		B		H/L		A		NHOPI		M	
	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
8-Service-Maintenance																
Total Workforce	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Trained	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Training Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Highest Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact: (Yes/No)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Notes: ONLY THE WORKPLACE HARASSMENT WORKSHOPS OFFERED VIRTUALLY BY OUR OFFICE ARE REFLECTED. THE OTHER WORKSHOPS COORDINATED BY THE HUMAN RESOURCES OFFICE, I DO NOT HAVE THE COMPLETE INFORMATION, ONLY BY GENDER (682 FE/MALES, 806 MALES)

[illegible]

Job Category (Use EEO-4)	Total		W		A/I/N		B		H/L		A		NHOPI		M	
	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
5 - Paraprofessional																
Total Workforce	58	-					-	-	58	-	-	-	-	-	-	-
Total Involuntary Terminations	2	-					-	-	2	-	-	-	-	-	-	-
Involuntary Termination Rate	3.4%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.4%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Lowest Rate	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6 - Administrative Support																
Total Workforce	-	-					-	-	-	-	-	-	-	-	-	-
Total Involuntary Terminations	-	-					-	-	-	-	-	-	-	-	-	-
Involuntary Termination Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Lowest Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7 - Skilled Craft																
Total Workforce	-	-					-	-	-	-	-	-	-	-	-	-
Total Involuntary Terminations	-	-					-	-	-	-	-	-	-	-	-	-
Involuntary Termination Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Lowest Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8 - Service-Maintenance																
Total Workforce	-	-					-	-	-	-	-	-	-	-	-	-
Total Involuntary Terminations	-	-					-	-	-	-	-	-	-	-	-	-
Involuntary Termination Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ratio to Lowest Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Potential Adverse Impact (Yes/No)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Notes:

[illegible]

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ATTACHMENT III
ORIENTATION MEETINGS
MUNICIPALITIES



PROGRAMA DE PARTICIPACIÓN CIUDADANA

PLAN DE PARTICIPACIÓN CIUDADANA | MPO DE PUERTO RICO | REUNIÓN CON NUEVOS ALCALDES

INFORME

FECHA DE REUNIÓN	HORARIOS	LUGAR DE REUNIÓN
10 de febrero de 2021	2:00 PM	Microsoft Teams

DATOS GENERALES:

1. Se convocó una reunión con los nuevos alcaldes y alcaldesas que formarán parte del MPO de Puerto Rico. El propósito de la reunión era orientarles sobre el proceso de planificación del transporte, su rol como miembro del MPO y los fondos disponibles para proyectos.
2. Se integran al MPO de Puerto Rico 26 nuevos alcaldes. También fueron invitados a la reunión 5 alcaldes de municipios en área rural (Vieques, Culebra, Adjuntas, Maricao y Santa Isabel).
3. Al momento de la redacción de este informe los alcaldes de los municipios de Arecibo, Guánica y Naguabo no han entregado las cartas de endoso para formar parte del MPO de Puerto Rico.

Nuevos miembros del MPO de Puerto Rico		
Área Urbanizada	Municipio	Alcalde/sa
Comité Política Pública Área Urbanizada Aguadilla	Aguada	Hon. Christian Cortés Feliciano
	Aguadilla	Hon. Julio Roldán Concepción
	Añasco (UZA)	Hon. Kabir Solares García
	Isabela	Hon. Miguel Méndez Pérez
	Lares*	Hon. Fabián Arroyo Rodríguez
	Moca	Hon. Ángel Pérez
	Ututo	Hon. Jorge Pérez
Comité Política Pública Área Urbanizada San Juan	Ciales*	Hon. Alexander Burgos Otero
	Cidra	Hon. David Concepción González
	Corozal	Hon. Luis García
	Humacao	Hon. Reinaldo Vargas Rodríguez
	Patillas (UZA)	Hon. Maritza Sánchez Neris
	San Juan	Hon. Miguel Romero
	San Lorenzo	Hon. Jaime Alverio Ramos
	Vega Alta*	Hon. María Vega Pagán
Comité Política Pública Área Urbanizada Menores de 200,000 Habitantes	Arecibo	Hon. Carlos Ramírez Irlzarry
	Cabo Rojo	Hon. Jorge Morales Wiscovitch
	Celba	Hon. Samuel Rivera Báez
	Guánica	Hon. Ismael Rodríguez Ramos
	Guayanilla	Hon. Raúl Rivera Rodríguez
	Lajas	Hon. Jayson Martínez Maldonado
	Maunabo	Hon. Ángel Omar Lafuente Amaro
	Naguabo	Hon. Miraldalí Rosario Pagán
	Ponce	Hon. Luis Irlzarry Pabón
	Sabana Grande	Hon. Marcos Gilberto Valentín Flores
	San Germán	Hon. Virgilio Olivera Olivera

*alcaldes o alcaldesas que participaron en la reunión

3. Para promover la participación a la reunión usaron las estrategias que se describen en la siguiente tabla.

TABLA: ESTRATEGIAS DE PARTICIPACIÓN CIUDADANA	FECHA
1. Cartas de Invitación – Se les enviaron dos cartas a los nuevos miembros de los Comités de Política Pública del MPO de PR (1) carta explicativa de endoso y consentimiento para formar parte del Comité. (2) carta de invitación a la reunión virtual de orientación. Las comunicaciones originales se enviaron por correo postal.	2 de febrero de 2021
2. Correo electrónico – Las cartas se enviaron por correo electrónico. Asimismo, se enviaron <i>emails</i> para recordar y confirmar asistencia de los nuevos miembros la reunión, compartir el <i>link</i> para conectarse a la reunión y los documentos de planificación y programación de proyectos.	Varias fechas
(R1) Correo electrónico – Primer correo con la carta y <i>link</i> de la reunión	4 de febrero de 2021
(R2) Correo electrónico – recordatorio de reunión	8 febrero 2021
(R3) Correo electrónico – recordatorio de reunión	10 febrero 2021
3. Llamadas telefónicas – Se hicieron 20 llamadas a los nuevos miembros para confirmar su asistencia a la reunión y en algunos casos solicitar correos electrónicos.	8, 9 y 10 de febrero 2021

NOTA: Se adjuntan a este informe copia de los documentos descritos en la columna estrategias

4. Estuvieron representados en la reunión 18 municipios, incluyendo un (1) municipio rural (Santa Isabel).

PARTICIPACIÓN EN REUNIÓN DE NUEVOS ALCALDES POR ÁREA URBANIZADA	%
Comité de Política Pública Área Urbanizada Aguadilla (5/7)	71%
Comité de Política Pública Área Urbanizada de San Juan (7/8)	88%
Comité de Política Pública de UZA (5/11)	45%

5. Participaron 43 personas; entre ellas tres (3) alcaldes. La mayoría de los alcaldes delegaron su asistencia a la reunión en otro funcionario municipal. Se creó un registro de asistencia con los datos recopilados de la grabación de la reunión y el chat de MS Teams.

Registro de Asistencia		
#	Nombre	Municipio
1	Marisol Rosa Acevedo, Administra Municipal	Aguada
2	Zulma Rivera	
3	Rosario Villanueva	Aguadilla
4	Luis E. García, Director Oficina de Gerencia y Desarrollo de Proyecto	Isabela
5	Hon. Fablán Arroyo Rodríguez, Alcalde	Lares
6	María Izquierdo, Directora Oficina Programas Federales	
7	Lisette Soto, Administradora Municipal	Moca
8	David Tubens, Director Oficina Programas Federales	
9	Felix Méndez, Oficina Planificación	

10	Hon. Alexander Burgos Otero, Alcalde	
11	Suhely González, Directora Oficina Programas Federales	Ciales
12	Deborah Andrade, Directora de Programas Federales	Cidra
13	Julio de Jesús Nieves, Oficina Planificación	Humacao
14	Hon. Maritza Sánchez Neris, Alcaldesa	
15	Jaime Hernández	Patillas
16	Darylin Amador, Oficina Gerencia y Presupuesto	San Juan
17	Rafael Malavé, Ayudante Especial del Alcalde	San Lorenzo
18	Plan. Pablo Collazo, Director Oficina Planificación	
19	Beatriz Rivera, Oficina Programas Federales	Vega Alta
20	Angel Figueroa, Oficina Finanzas	
21	Jonathan Morel, Director Oficina Programas Federal	Cabo Rojo
22	William Serrano, Director Oficina Programas Federales	Ceiba
23	Carlos Cintrón, Administrador Municipal	Guayanilla
24	Carlos López, Oficina Planificación	
25	Miguel Roura Pardo, Oficina Finanzas	Lajas
26	Jacqueline Rodríguez Directora Interina Programas Federales	
27	Neftalí Borrero, Director Oficina Asuntos Federales	
28	Jean González, Director Oficina Desarrollo Económico y Planificación	Ponce
29	Ángel Negrón	Santa Isabel
30	Leichelie Guzmán Reyes, Directora Oficina Obras Publica	
31	José Rodríguez, Consultor	
32	Ing. Eileen M. Velez Vega	Secretaria DTOP y Presidenta MPO de PR
33	Alfredo Santiago	DTOP/Secretario Ejecutivo MPO de PR
34	Ing. Lynnette Alicea, Ayudante Secretaria	DTOP
35	Ing. Linette Díaz, Ayudante Secretaria	DTOP
36	Ing. Edwin González, PhD, Director Ejecutivo	Autoridad de Carreteras y Transportación (ACT)
37	Luis E. Rodríguez, Subdirector	ACT
38	Sonia Montañez, Directora Oficina Coordinación Federal	ACT
39	Lumary Soto, Coordinadora Programa Participación Ciudadana	ACT
40	Norma García, Oficial Ejecutivo	ACT
41	Betzaida Colón, Oficial Administrativo	ACT
42	Bayoan Ortíz	FTA
43	Soniangeli Rodríguez	FHWA

Informe preparado por:
Lumary Soto Nieves, MSW
Coordinadora Programa Participación Ciudadana
Oficina Coordinación Federal
Autoridad de Carreteras y Transportación/MPO de Puerto Rico
lusoto@dtop.pr.gov
8 de marzo de 2021



GOBIERNO DE PUERTO RICO
Departamento de Transportación y Obras Públicas



Fecha: 10 de febrero de 2021

Hora: 2:00 pm

Propósito: Reunión de orientación a los nuevos alcaldes y/o alcaldesas sobre el MPO de Puerto Rico y los fondos federales (FTA y FHWA) para transportación colectiva y carreteras

Reunión Virtual: MC Teams

AGENDA DETALLADA

- I. Bienvenida, propósito de la reunión y reconocimiento de invitados
Eileen M. Velez Vega, Secretaria de DTOP y Presidenta MPO de Puerto Rico
 - Saludo Director Ejecutivo Autoridad de Carreteras y Transportación
Dr. Edwin E. González Montalvo, PE
 - Presentación de Participantes
 - i. Alcaldes/alcaldesas y/o funcionarios municipales
 - ii. Personal de ACT que trabaja los asuntos del MPO de Puerto Rico
 - *Alfredo Santiago Irizarry, Secretario Ejecutivo del MPO de Puerto Rico*
Email: alfredosantiago@dtop.pr.gov
 - *Luis E. Rodríguez Rosa, Subdirector Autoridad de Carreteras y Transportación*
Email: lurodriguez@dtop.pr.gov
 - *Sonia Montañez Colón, Directora Oficina Coordinación Federal- Autoridad de Carreteras y Transportación*
Email: smotanez@dtop.pr.gov
Teléfono: 721-8787 ext. 1600, 1601
 - *Lumary Soto Nieves, Coordinadora Programa de Participación Ciudadana de Autoridad de Carreteras y Transportación*
Email: lusoto@dtop.pr.gov
Teléfono: 721-8787 ext. 1653
 - Email del MPO de Puerto Rico: ocf@dtop.pr.gov
 - Página de Internet
Documentos finales de planificación y programación de proyectos
<https://act.dtop.pr.gov/coordinacion-federal/>

Avisos de reuniones y borradores de documentos para comentarios
<https://act.dtop.pr.gov/coordinacion-federal/avisos-notices/>

iii. *Federal Transit Administration (FTA)-PR*

- *Bayoan R. Ortiz-Rios, P.E., Community Planner*
Email: bayoan.ortiz-rios@dot.gov
- *Maribell Pérez, PE, Transportation Program Specialist*
Email: maribell.perez@dot.gov
- *Nelson Delgado Rivera, EIT, General Engineer*
Email: n.delgado-rivera@dot.gov

iv. *Federal Highway Administration (FHWA)-PR*

- *Soniangeli Rodríguez Reyes, Pathways Intern – Acting Planning Program Manager*
Email: s.rodriguez-reyes@dot.gov

II. *Presentación sobre la Organización Metropolitana de Planificación de Puerto Rico*
Presenta: Sonia Montañez Colón, Directora Oficina Coordinación Federal-ACT

- ¿Qué es el MPO? ¿Quiénes lo componen? ¿Cuál es el rol de los alcaldes en el MPO?
- Designación de nuevos alcaldes y/o alcaldesa al MPO de PR
- Proceso de planificación del transporte y documentos de planificación
- Reglamento Interno

III. *Presentación de los Programas de la Administración Federal de Transportación Colectiva (FTA, por sus siglas en inglés) para proyectos de transportación colectiva*

- *Public Transportation Agency Safety Plan (PTASP) - certificación*
- Sección de preguntas y respuestas

IV. *Presentación de los Programas de la Administración Federal de Carreteras (FHWA, por sus siglas en inglés) para proyectos de carreteras*

Presenta: Luis E. Rodríguez Rosa, Subdirector Autoridad de Carreteras y Transportación

- Sección de preguntas y respuestas

V. *Información de los Planes que se está trabajando*

Sonia Montañez Colón, Directora Oficina Coordinación Federal-ACT

- Programa de Mejoras a la Transportación (TIP, por sus siglas en inglés) 2019-2022) Enmienda 2

VI. *Otros asuntos*

Secretaría de DTOP y Presidenta MPO de Puerto Rico

- Aprobación Medidas de Desempeño de Seguridad Vial para el 2021-Referéndum 12 al 16 de febrero de 2021

VII. *Clausura*

Secretaria de DTOP y Presidenta MPO de Puerto Rico

Asunto: Orientación para la solicitud fondos de Emergencia CARES, CRRSSA y ARPA

Fecha: 29 de marzo de 2021

Hora: 3:30 pm

Reunión Virtual por Microsoft Teams

Registro de Asistencia

Nombre	Organización
Débora Andrades	Municipio de Cidra
Lindra Torres	Municipio de Hormigueros
Alexis Ramos	Municipio de Toa Baja
Angel Torres Torres	Municipio de Caguas
Jorge Méndez	Consultor de varios municipios
Esther Krumhans	Consultora de varios municipios
Raymond Watters	Municipio de Añasco
Coralys Flores	Municipio de Orocovi
Janice Rullán	Municipio de Juana Díaz
Jaime Lafuente González	Negociado de Transporte y Otros Servicios
José Miranda	Negociado de Transporte y Otros Servicios
Jossie Correa	Municipio de Toa Alta
Mabel Cosme Nieves	Municipio de Fajardo
Brenda I Figueroa	no identificó su organización
Elizabeth Vélez de León	no identificó su organización
Luz E. Vera Rodríguez	Municipio de Guayanilla
Luis López Serrano	Municipio de Cabo Rojo
Gaby Vélez	Municipio de Lares
Darilyn Amador	Municipio de San Juan
Julissa Pizarro	Municipio de Bayamón
Jessica González	Consultora de municipio
David Tubens	Municipio de Moca
Lissette Soto	Municipio de Moca
Rosa Flores	Municipio de Juncos
Soane Díaz	Municipio de Orocovi
Lillian Rodríguez	Municipio de Guayama
Ramón J. Pagán	Municipio de Utuado
José Serrano	Municipio de Naranjito
Melinda Acevedo	Municipio de Hormigueros
Sonimar Rodríguez	Municipio de Villalba
Sara Robles	Municipio de Villalba
Eddie Fuentes	Municipio de Corozal
Betty García Guzmán	Municipio Humacao
Julio de Jesús	Municipio Humacao
Pedro Santiago	Municipio de Naranjito
Ana Negrón	Municipio de Naranjito
Paul Fuentes	Municipio de Loíza

Nombre	Organización
Sra. Yarelis Pumarejo Torrens	Municipio de Luquillo
Maritza Ruiz	Municipio de San Sebastián
Angel Negrón Aponte	Municipio de Santa Isabel
Evelyn Guenard	Consultora de municipios
Edil Montalvo	Municipio de Guánica
Lcdo. Díaz	Municipio de Carolina
Irma M. Vargas	Municipio de Patillas
Derek J. Meléndez	no identificó su organización
Miguel Roura Pardo	Municipio de Lajas
Sra. Carmen Madera	Municipio de Patillas
Derin Nuñez	Municipio de Guánica
Jean Carlos González	Municipio de San Sebastián
Eduardo Hernández	Municipio de Vega Baja
Sonimar Rosa	Municipio de Río Grande
Dr. González	Municipio de San Germán
Jacqueline Rodríguez	Municipio de Lajas
Melisa Martínez	Municipio de Lajas
Emanuel Gómez	Municipio de Bayamón
Edjoel Cosme	Municipio Las Piedras
Nadshira Torres	Acumenian - ACT
Lisette Fuentes	Acumenian - ACT
Vilma Méndez	Acumenian - ACT
Isabel Nieves	Municipio de Aguadilla
Luis Aquiles	Municipio de Guaynabo
Omar Santos	Consultor de varios municipios
Manuel Piñeiro Caballero	no identificó su organización
Sonia Montañez	Autoridad de Carreteras y Transportación
Lumary Soto	Autoridad de Carreteras y Transportación
Vivianette Arroyo	Acumenian - ACT
Rubén Pomaes	Municipio de Toa Baja
Luraida Rivera	Acumenian - ACT
Norma García	Autoridad de Carreteras y Transportación
Betzaida Colón	Autoridad de Carreteras y Transportación

Fecha: 7 de abril de 2021

Hora: 9:40 am

Reunión Virtual por Microsoft Teams

Registro de Asistencia

Nombre	Organización
Plan. Angélica Camacho González	Representante Municipio de Aibonito
Sr. Ángel Marrero Ortiz	Representante Municipio de Barranquitas
Plan. Emmanuel Gómez	Representante Municipio de Bayamón
Sra. Ada B. Caballero Miranda	Representante Municipio de Caguas
Sr. Ángel Torres Torres	Representante Municipio de Caguas
Sra. Leslie R. Rivera Domenech	Representante Municipio de Canóvanas
Ing. Iván Ayuso Expósito	Representante Municipio de Carolina
Sra. Carmen Quiñones	Representante Municipio de Carolina
Sra. Natasha Vázquez Pérez	Representante Municipio de Cayey
Plan. Deborah Andrade Pizarro	Representante Municipio de Cidra
Sra. Keysha Santos	Representante Municipio de Comerío
Sra. María Maurás	Representante Municipio de Coamo
Sr. Eddie L. Fuentes	Representante Municipio de Corozal
Sra. Yomaira Maldonado	Representante Municipio de Dorado
Sr. Luis Aquiles Ares	Representante Municipio de Guaynabo
Sra. Amarilis Vázquez Aquino	Representante Municipio de Gurabo
Sr. Julio de Jesús	Representante Municipio de Humacao
Sra. Rosa Flores	Representante Municipio de Juncos
Sr. Edjoel Cosme Oyola	Representante Municipio de Las Piedras
Sra. Delilah Ruiz	Representante Municipio de Manatí
Sr. Pedro Santiago	Representante Municipio de Naranjito
Sr. José Serrano	Representante Municipio de Naranjito
Sr. Joseph Rivera Padilla	Representante Municipio de Orocovis
Dolmary Colón Martínez	Representante Municipio de Salinas
Plan. Tamara González Rivera	Representante Municipio de San Juan
Sra. Darilyn Amador	Representante Municipio de San Juan
Sr. Rafael Malavé Poupart	Representante Municipio de San Lorenzo
Plan. Alexis A. Ramos	Representante Municipio de Toa Baja
Plan. Anilda Fernández	Representante Municipio de Toa Baja
Plan. Rubén Pomaes	Representante Municipio de Toa Baja
Plan. Jossie Correa	Representante Municipio de Toa Alta
Plan. Pablo Collazo	Representante Municipio de Vega Alta
Sr. Ángel Medina	Representante Municipio de Vega Baja
Sr. Edgard Casanova	Representante Municipio de Yabucoa
Dr. Edwin E. González Montalvo	Director Ejecutivo Autoridad de Carreteras y Transportación
Plan. María Gordillo	Representante Junta de Planificación
Sra. Silmary Maisonet Machado	Representante Autoridad Metropolitana de Autobuses

Nombre	Organización
Sra. Jaime Lafuente	Representante Negociado de Transporte y otros Servicios Públicos
Sr. Jaime González	Representante Negociado Manejo de Emergencia
Ing. Linnette M. Díaz Berríos	Ayudante Secretaria Departamento de Transportación y Obras Públicas
Ing. Luis E. Rodríguez Rosa	Subdirector Autoridad de Carreteras y Transportación
Sr. Axel B. Bierd Rivera	Director Oficina Planificación Estratégica de Autoridad de Carreteras y Transportación
Sra. Lumary Soto	Oficina Coordinación Federal de Autoridad de Carreteras y Transportación
Ing. Luis D. López	Federal Highway Administration
Ing. Soniageli Rodríguez Reyes	Federal Highway Administration
Ing. Eileen M. Vélez Vega	Presidenta MPO de Puerto Rico / Secretaria DTOP
Sr. Alfredo Santiago Irizarry	Secretario Ejecutivo MPO de PR / DTOP
Sra. Sonia Montañez	Oficina OCF-Autoridad de Carreteras y Transportación
Ing. Alexandra Velázquez	Área de Programación y Estudios Especiales de la Autoridad de Carreteras y Transportación

Fecha: 8 de abril de 2021

Hora: 1:36 pm

Reunión Virtual por Microsoft Teams

Registro de Asistencia

Nombre	Organización
Hon. Carlos López Bonilla	Alcalde Municipio de Rincón
Sr. Wesley Vega López	Representante Municipio de Aguada
Plan. Isabel Nieves Cruz	Representante Municipio de Aguadilla
Sra. Rosario Villanueva	Representante Municipio de Aguadilla
Sra. Awilda Martínez Cabán	Representante Municipio de Camuy
Sr. Raymond Waters	Representante Municipio de Añasco
Sra. Ariana Pérez Soto	Representante Municipio de Añasco
Ing. Luis García Sánchez	Representante Municipio de Isabela
Sra. Lissette Soto Velázquez	Representante Municipio de Moca
Sr. David Tubens	Representante Municipio de Moca
Ing. Félix Méndez	Representante Municipio de Moca
Sra. Maritza Ruiz	Representante Municipio de San Sebastián
Sr. Ramón J. Pagán Mercado	Representante Municipio de Utuado
Sra. Aida Martínez	Representante Departamento de Recursos Naturales y Ambientales
Ing. Edwin E. González Montalvo	Director Ejecutivo Autoridad de Carreteras y Transportación
Plan. María Gordillo	Representante Junta de Planificación
Ing. Luis E. Rodríguez Rosa	Subdirector Autoridad de Carreteras y Transportación
Sr. Axel B. Bied Rivera	Director Oficina Planificación Estratégica de Autoridad de Carreteras y Transportación
Ing. Linnette M. Díaz Berrios	Ayudante Secretaria Departamento de Transportación y Obras Públicas
Sra. Lumary Soto	Carreteras y Transportación
Ing. Eileen M. Vélez Vega	Presidenta MPO de Puerto Rico / Secretaria DTOP
Sr. Alfredo Santiago Irizarry	Secretario Ejecutivo MPO de PR / DTOP
Sra. Sonia Montañez	Oficina OCF-Autoridad de Carreteras y Transportación
Ing. Alexandra Velázquez	Área de Programación y Estudios Especiales de la Autoridad de Carreteras y Transportación

Fecha: 8 de abril de 2021
Hora: 3:30 pm
Reunión Virtual por Microsoft Teams

Registro de Asistencia

Nombre	Organización
Hon. Pedro García Figueroa	Alcalde Municipio de Hormigueros
Hon. Luis Irizarry Pabón	Alcalde Municipio de Ponce
Sra. Ariana Pérez Soto	Representante Municipio de Añasco
Sr. Raymond Watters	Representante Municipio de Añasco
Sra. Estefany Hernández	Representante Municipio de Camuy
Sr. William Serrano Serrano	Representante Municipio de Ceiba
Sra. Mabel Cosme Nieves	Representante Municipio de Fajardo
Sr. Wilfredo Iturino Maldonado	Representante Municipio de Florida
Sra. Luz E. Vera Rodríguez	Representante Municipio de Guayanilla
Sra. Sahyly Rosado	Representante Municipio de Hatillo
Sra. Sandra E. Rosas	Representante Municipio de Hormigueros
Sra. Janice Rullán Borrero	Representante Municipio de Juana Díaz
Sra. Sulibeth Rosado Rodríguez	Representante Municipio de Lajas
Sra. Lourdes Santiago	Representante Municipio de Lajas
Sra. Yarelis Pumarejo Torrens	Representante Municipio de Luquillo
Sr. Ramón Díaz Zambrana	Representante Municipio de Mayagüez
Sra. Yarelis Irizarry	Representante Municipio de Mayagüez
Sra. Tainachi Fernández Roqué	Representante Municipio de Naguabo
Sr. Jean P. González Santinío	Representante Municipio de Ponce
Sra. Dolmary Colón	Representante Municipio de Salinas
Sra. Sara Robles	Representante Municipio de Villalba
Sra. Carmen Madera	Representante Municipio de Yauco
Ing. Edwin E. González Montalvo	Director Ejecutivo Autoridad de Carreteras y Transportación
Plan. María Gordillo	Representante Junta de Planificación
Ing. Linnette M. Díaz Berríos	Ayudante Secretaria Departamento de Transportación y Obras Públicas
Sra. Jaime Lafuente	Representante Negociado de Transporte y otros Servicios Públicos
Mónica Menéndez	Autoridad de Transporte Integrado
Ing. Luis E. Rodríguez Rosa	Subdirector Autoridad de Carreteras y Transportación
Sr. Axel B. Bied Rivera	Director Oficina Planificación Estratégica de Autoridad de Carreteras y Transportación
Sra. Lumary Soto	Oficina Coordinación Federal de Autoridad de Carreteras y Transportación
Sra. Lisher Cintrón	Consultora Municipio de Cabo Rojo

Nombre	Organización
Ing. Eileen M. Vélez Vega	Presidenta MPO de Puerto Rico / Secretaria DTOP
Sr. Alfredo Santiago Irizarry	Secretario Ejecutivo MPO de PR / DTOP
Sra. Sonia Montañez	Oficina OCF-Autoridad de Carreteras y Transportación
Ing. Alexandra Velázquez	Área de Programación y Estudios Especiales de la Autoridad de Carreteras y Transportación

Fecha: 8 de abril de 2021
Hora: 3:30 pm
Reunión Virtual por Microsoft Teams

Registro de Asistencia

Nombre	Organización
Hon. Pedro García Figueroa	Alcalde Municipio de Hormigueros
Hon. Luis Irizarry Pabón	Alcalde Municipio de Ponce
Sra. Ariana Pérez Soto	Representante Municipio de Añasco
Sr. Raymond Watters	Representante Municipio de Añasco
Sra. Estefany Hernández	Representante Municipio de Camuy
Sr. William Serrano Serrano	Representante Municipio de Ceiba
Sra. Mabel Cosme Nieves	Representante Municipio de Fajardo
Sr. Wilfredo Iturino Maldonado	Representante Municipio de Florida
Sra. Luz E. Vera Rodríguez	Representante Municipio de Guayanilla
Sra. Sahyly Rosado	Representante Municipio de Hatillo
Sra. Sandra E. Rosas	Representante Municipio de Hormigueros
Sra. Janice Rullán Borrero	Representante Municipio de Juana Díaz
Sra. Sulibeth Rosado Rodríguez	Representante Municipio de Lajas
Sra. Lourdes Santiago	Representante Municipio de Lajas
Sra. Yarelix Pumarejo Torrens	Representante Municipio de Luquillo
Sr. Ramón Díaz Zambrana	Representante Municipio de Mayagüez
Sra. Yarelis Irizarry	Representante Municipio de Mayagüez
Sra. Tainachi Fernández Roqué	Representante Municipio de Naguabo
Sr. Jean P. González Santinio	Representante Municipio de Ponce
Sra. Dolmary Colón	Representante Municipio de Salinas
Sra. Sara Robles	Representante Municipio de Villalba
Sra. Carmen Madera	Representante Municipio de Yauco
Ing. Edwin E. González Montalvo	Director Ejecutivo Autoridad de Carreteras y Transportación
Plan. María Gordillo	Representante Junta de Planificación
Ing. Linnette M. Díaz Berríos	Ayudante Secretaria Departamento de Transportación y Obras Públicas
Sra. Jaime Lafuente	Representante Negociado de Transporte y otros Servicios Públicos
Mónica Menéndez	Autoridad de Transporte Integrado
Ing. Luis E. Rodríguez Rosa	Subdirector Autoridad de Carreteras y Transportación
Sr. Axel B. Bierd Rivera	Director Oficina Planificación Estratégica de Autoridad de Carreteras y Transportación
Sra. Lumary Soto	Oficina Coordinación Federal de Autoridad de Carreteras y Transportación
Sra. Lisher Cintrón	Consultora Municipio de Cabo Rojo

Nombre	Organización
Ing. Eileen M. Vélez Vega	Presidenta MPO de Puerto Rico / Secretaria DTOP
Sr. Alfredo Santiago Irizarry	Secretario Ejecutivo MPO de PR / DTOP
Sra. Sonia Montañez	Oficina OCF-Autoridad de Carreteras y Transportación
Ing. Alexandra Velázquez	Área de Programación y Estudios Especiales de la Autoridad de Carreteras y Transportación

Programa de Participación Ciudadana
Oficina de Coordinación Federal-ACT

Reunión virtual de orientación para petición de fondos para proyectos de transportación colectiva
1 de septiembre de 2021

10:00 AM

Microsoft Teams

Registro de Asistencia

	Nombre	Institución
1	Alma Fernández	Municipio de Ponce
2	Carmen Madera	Municipio de Yauco
3	Eduardo Hernández	Municipio de Vega Baja
4	Sara Robles	Municipio de Villalba
5	Alberto Caragol	Consultor de municipios
6	Ana Negrón	Municipio de Naranjito
7	Angel Ruiz	Municipio de Morovis
8	Ariel Soto Irizarry	Municipio de Morovis
9	Arlana Pérez	Municipio de Añasco
10	Brenda Casanova	Municipio de Naguabo
11	Carlos López	Municipio de Lajas
12	Cristina López	Canóvanas y Vega Alta
13	Delvis Irizarry	Municipio de Quebradillas
14	Emanuel Gómez	Municipio de Bayamón
15	Francisco Cabrera	Municipio de Cataño
16	Isabel Nieves	Municipio de Aguadilla
17	Juan Jacob Greenaway	Municipio de Caguas
18	Mercedes Camacho	Municipio de Lajas
19	Janice Rullán	Municipio de Juana Díaz
20	Jennifer Negrón	Municipio de Vega Baja
21	Jessica González	Municipio de Guayanilla
22	José Candelario	Municipio de Canóvanas
23	José Hiram Soto Rivera	Alcalde Municipio de Adjuntas
24	Lisette Fuentes	Consultora de ACT
25	Lurdes Domenech Valentín	Municipio de San Juan
26	Luraida Rivera	Consultora de ACT
27	Marilú Díaz Berrios	Municipio de Juncos
28	Rosa Flores	Municipio de Juncos
29	Mario J. Ballester	Municipio de Adjuntas
30	Marisa Liz Malsonet	Municipio de Florida
31	Mirta Bello	Municipio de Adjuntas
32	Natasha Vázquez	Municipio de Cayey
33	Paul Fuentes	Municipio de Loíza
34	Pedro Santiago	Municipio de Naranjito
35	Raymond F. Watters	Municipio de Añasco
36	Selenia Ayala Martínez	Municipio de Comerío

37	Angel Torres	Municipio de Caguas
38	Waleska Ortega	PRITA y ATM
39	Mónica Menéndez	PRITA y ATM
40	Wesley Vega	Municipio de Aguada
41	Yahairan Rodríguez	Municipio de Carolina
42	Yineska Vargas	Consulta ACT
43	Yomayra Maldonado Cortés	Municipio de Dorado
44	Deborah Andrades	Municipio de Cidra
45	José Serrano	Municipio de Naranjito
46	Bayoan Ortiz	FTA, Región 4
47	Soniangeli Rodríguez	FHWA
48	Sonia Montañez	Directora OCF-ACT
49	Lumary Soto	OCF-ACT
50	Betzaida Colón	OCF-ACT
52	Jose C. Collazo	No Identificado

Programa de Participación Ciudadana
Oficina de Coordinación Federal-ACT

Reunión virtual de orientación para petición de fondos para proyectos de transportación colectiva
31 de agosto de 2021
2:00 PM
Microsoft Teams

Registro de Asistencia

Nombre	Institución
1 Lourdes Roldán	Municipio de Vieques
2 Millie Marcano	Consultora de municipios
3 Maritza Vélez Cruz	Municipio de Guayanilla
4 Ángel Marrero	Municipio de Barranquitas
5 Dolmary Colón	Municipio de Salinas
6 Jorge L. Ramos Ruíz	Municipio de Mayagüez
7 Glorimar Villamil	Municipio Barceloneta
8 Paola Rivera	Municipio Santa Isabel
9 Awilda Martínez	Municipio de Camuy
10 Miguel E. Méndez	Alcalde de Isabela
11 Zilka Matos	Municipio de Mayagüez
12 Melinda Acevedo	Municipio Hormigueros
13 Victoriano Godoy Ortíz	Innova Enterprises, LLC
14 Yeneska Vargas	Consultora de ACT
15 Fernando Rodríguez	Consultor Municipio Caguas
16 Karen Correa	Presidenta AMA
17 Bayoan Ortíz	FTA, Región 4
18 Silmary Maysonet Machado	AMA
19 Arleene Marcial	Municipio de Sabana Grande
20 Lisette M. Fuentes	Consultora de ACT
21 Ovidio González	Municipio de Maricao
22 Evelyn Guenard	Consultora de municipios
23 María Maurás Colón	municipio Coamo
24 Jossie Correa	Municipio Toa Alta
25 Luraida Rivera	Consultora de ACT
26 Azalea Machado	Municipio de Carolina
27 Luis E. García Sánchez	Municipio Isabela
28 Zulma Rivera	Municipio de Aguada
29 Angela Pérez Toro	no identificado
30 Francisco Cabrera	Municipio de Cataño
31 Edjoel Cosme	Municipio Las Piedras
32 Grace M. Orgega	Municipio de Trujillo Alto
33 María Medina	Municipio de Jayuya
34 Ángel Negrón Aponte	Municipio Santa Isabel
35 Edwin González	Director Ejecutivo ACT
36 Sonla Montanez	Directora OCF-ACT
37 Lumary Soto	OCF-ACT
38 Betzala Colón	OCF-ACT

39	Vivianette Arroyo	Consultora de ACT
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Programa de Participación Ciudadana
Oficina de Coordinación Federal-ACT

Reunión virtual de orientación para petición de fondos para proyectos de transportación colectiva
2 de septiembre de 2021
2:00 PM

Registro de Asistencia

	Nombre	Institución
1	Alexis A. Ramos Echeandía	municipio Toa Alta
2	Amarilis Vázquez	Municipio de Gurabo
3	Amaury F. Boscio Vargas	Universidad Interamericana
4	Angela Victoria Soto Pérez	no identificada
5	Azalea Machado	Municipio de Carolina
6	Deborah Andrade	Municipio de Cidra
7	Deryn Nuñez	Municipio de Guanica
8	Edgard Casanova	Municipio Yabucoa
9	Esther Krunhasls	Consultora de Municipios
10	Carmen A. Flores Iglesias	no identificada
11	Glorimar Villamil	Municipio de Barceloneta
12	Garce M. Ortega	Municipio de Trujillo Alto
13	Heldy Santiago	Municipio Isabela
14	Ibia M. Rosa Rosa	no identificada
15	Ivone Caraballo	Municipio de Gurabo
16	Jahira Texidor	Municipio Utuado
17	José F. Moreira	Municipio de Fajardo
18	Joseph Rivera	Municipio de Orocovis
19	Julio de Jesús	Municipio de Humacao
20	Lisette M. Fuentes	Consulta de ACT
21	Lurdes Domenech	Municipio de San Juan
22	Luraida Rivera	Consulta de ACT
23	Mabel Cosme	Municipio de Fajardo
24	Mariana	no identificada
25	Maribel López	Municipio de Aguada
26	Marisol López	Municipio Gurabo
27	no identificado	Municipio de Peñuelas
28	Bayoan Ortiz	FTA
29	Ramón Fernández	Universidad Interamericana-Recinto San Germán
30	Raymond Watters	Municipio de Añasco
31	Rosa Flores	Municipio de Juncos
32	Rosario Villanueva	Municipio de Aguadilla
33	Rubén Pomales	Municipio de Toa Baja
34	Tamara González	Municipio de San Juan
35	Vivianette Arroyo	Consultora de ACT
36	Waleska Ortega	PRITA y ATI

37	Willian Serrano	Municipio de Celba
38	Yareliz Irizarry González	no identificada
39	Yesimar	Municipio de Aibonito
40	Yneska Vargas	Consultora de ACT
41	Yomar Maldonado Arizmendi	no identificada
42	Suhely Donato	Municipio Humacao
43	Sonia Montanez	Directora OCF-ACT
44	Lumary Soto	OCF-ACT
45	Betzaida Colón	OCF-ACT
46	Norma García	OCF-ACT
47	Lnette Díaz	Oficina Secretaria DTOP
48	Carmen Alicea	Consultora ACT
49	Vivianette Arroyo	Consultora de ACT
50	Bayoan Ortiz	FTA, Region 4
51	no identificado	Municipio de Salinas
52	Rubén Pomales	Municipio Toa Baja
53	no identificado	Municipio de Ponce
54	Mónica Menéndez	PRITA y ATI
55	Merissa Badillo	no identificada
56	Kevin Maldonado	Municipio Las Marías
57	Recursos Externos	Municipio de Rincón

ATTACHMENT IV
APPROVAL LETTER SUBRECIPIENT
TREN URBANO (UNDER REVIEW)



GOBIERNO DE PUERTO RICO
Autoridad de Carreteras y Transportación

16 de agosto de 2018

Under Review

Lcdo. Luis V. Villares Sarmiento
General Manager
ACI-Herzog, A Joint Venture
24 Road 21
Guaynabo, PR 00966-3177

RE: PLAN DE ACCIÓN AFIRMATIVA (2018-2022) ACI-HERZOG A JOINT VENTURE

Estimado Licenciado Villares:

Hemos evaluado el Plan de Acción Afirmativa de la compañía ACI- Herzog, correspondiente al año fiscal 2018-2022. El mismo cumple con las leyes y reglamentos federales y estatales contenidos en el programa "Equal Employment Opportunity" que coordina y supervisa la Oficina de Derechos Civiles. Le recomendamos que deberán hacer esfuerzos de buena fe dirigidos a alcanzar las metas establecidas.

Para aclarar cualquier duda o recibir información adicional, puede comunicarse con la Sra. Mariselle Sobrado al teléfono (787) 721-8787 Ext. 1751.

Cordialmente,

Lcda. Yomarle Pacheco Sanchez
Directora
Oficina de Derechos Civiles

3004/MSC





Puerto Rico Highway and Transportation Authority (PRHTA)
Oversight REVIEW CHECKLIST

GENERAL INFORMATION

Sub-recipient Name: Municipality of Coamo

Funding Source: ☐ Section 5307 ☒ Section 5311 ☐ Both ☐ Other 5310

Sub-recipient Representative:

1 personnel conducting compliance visit: Norma L. Garcia

Date of compliance visit:

ORGANIZATIONAL

Brief description of Sub-recipient Service:

Public Terminal - Policy # 09-560-00026844-1/000
Vehicles (Section 5310-5311)

1.0 Overview The PRHTA is responsible for monitoring sub-recipients and

contractors to ensure that all fiscal, federal, and programmatic responsibilities are fulfilled. The purpose of this Compliance Review report is to provide an internal control mechanism designed to review performance over a period of time and to evaluate compliance of sub-recipients and contractors funded with federal funds. Monitoring also allows jurisdictions to provide technical assistance to help subrecipients and contractors comply with applicable laws and regulations, improve technical skills, increase capacity and stay updated on regulations.

_____ Intermodal – Transit Division will be responsible for monitoring sub-recipients and contractors no less than twice per contract year and more often should it be necessary.

The review will include a physical on-site visit at the location where the sub-recipients and contractors maintain the project records.

Areas for monitoring sub-recipients and contractors shall include:

- | | |
|------------------------------------|----------------------------------|
| 1. Legal | 8. ADA |
| 2. Technical Capacity | 9. Title VI |
| 3. Financial Management | 10. Equal Employment Opportunity |
| 4. Procurement | 11. Drug and Alcohol Program |
| 5. DBE | 12. Safety and Security |
| 6. Satisfactory Continuing Control | 13. Public Comment |
| 7. Maintenance Program | |

Citation References. The _____ public transportation program operates under transit provisions including, but not limited to the following:

Federal Transit Administration (FTA): www.fta.dot.gov/

Code of Federal Regulations (CFR): www.access.gpo.gov/nara/cfr/cfr-table-search.html

United States Code (USC): www4.law.cornell.edu/uscode/

Process. The Compliance Monitoring and Site Visit process include the following:

1. **Pre-Site Visit Activities:** A copy of the document checklist and the Compliance Monitoring Questionnaire will be sent to sub-recipients prior to the scheduled site visit. **Sub-recipients will be asked to submit certain documents in advance as part of the desk review.** PRHTA Staff will review this documentation prior to the on-site compliance monitoring site/visit.
2. **Entrance Interview:** The entrance interview conveys the purpose and focus of the visit and to inform the sub-recipient of specific tasks to be completed during the visit, specifically activities outlined on the Compliance Questionnaire.
3. **Compliance Monitoring:** PRHTA staff will conduct on on-site visit to verify that documentation, policies and procedures supports the reviewer's observations and conclusions.
4. **Exit Interview:** The exit interview provides PRHTA and the sub-recipient an opportunity to review findings and/or provide the necessary recommendations to improve the administration of program(s).

REVIEW AREAS

1 LEGAL

Legal	YES	NO	NA
1. Is the sub-recipient designated as the body legally responsible for the overall organization, management and operation of the transportation system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have an authorizing resolution passed by a governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the sub-recipient promptly notified ____ and FTA of any legal matters that may affect the FTA? If yes, please list details including date, name of complainant and summary of allegation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the sub-recipient promptly notified ____ and FTA of any instances relating to false claims under the False Claims Act or fraud?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Did the sub-recipient use only non-appropriated funds for any lobbying activities and did the agency file the disclosure form to FTA?			
Comments: <i>Verificar progreso del contrato de la Sánchez</i>			

2 TECHNICAL CAPACITY

Sub-recipient Oversight	YES	NO	NA
1. Determine if the sub-recipient is eligible to receive assistance under federal award programs.: <input type="checkbox"/> Private non-profit organizations; <input checked="" type="checkbox"/> State or local governmental authorities; and <input type="checkbox"/> Operators of public transportation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a signed lobbying certification on file from sub-recipients entering into agreements exceeding \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Was the sub-recipient ever suspended, debarred, ineligible or voluntarily excluded from participation in federally assisted transactions or procurement before entering into agreements exceeding \$25,000? (Check SAM, Collect certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is sub-recipient compliant with federal requirements and performance goals, and provide for evaluation of sub-recipient risk of noncompliance with those requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Project Management - (TPO)	YES	NO	NA
5. Does the sub-recipient provide administrative and management oversight of project implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the sub-recipient monitor activities (technical inspection and supervision of construction project, technology project, planning projects) under the award to assure schedules are met and other performance goals are achieved? Has the sub-recipient maintain project work schedules? Does sub-recipient ensure conformity to applicable statutes, codes,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. What is the sub-recipient process for determining the applicability of, and ensuring compliance with, all Federal requirements? <u>Municipality / PRHTA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are sub -recipient expenditures within the latest approved award budget? If projects are not on budget, what are the reasons justified in writing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there transit management or service contractors ? If yes , are there written policies, procedures and plans that address the following:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Site visit checklist(s)/reports, Vehicle/facility checklist reports applicable to FTA requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Standardized monitoring forms/processes that are consistent with FTA/_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Timely notification on any significant issues follow up on findings and improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Identification of the individual responsible for conducting the monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the sub-recipient using force account labor for any FTA-funded capital project, did it comply with FTA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			
Award Management	YES	NO	NA
7. Has the sub-recipient submitted milestone progress reports (MPRs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often is the sub-recipient required to submit MPRs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the MPR contain a narrative of activity status and any problems encountered in implementation, specification preparation, bid solicitation, resolution of protests, or third-party contract awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there were schedule changes, is there:			
• An explanation of why scheduled milestones or completion dates were not met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of problem areas and a narrative on how the problems will be solved?			
• A discussion of the expected impacts and the efforts to recover from the delays?			
11. Does the recipient ensure timely expenditure of funds and close out of awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

3. FINANCIAL MANAGEMENT

	YES	NO	NA
1. Does sub-recipient meet A- 133 threshold of \$750,000 across all Federal Programs? (If No, please skip to question 4 or 5 depending on program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have comprehensive policies and procedures in place for managing awards and internal control? Does the policies and procedures address internal control practices to prevent waste, loss and misuse of federal funds? Have policies and procedures been updated to reflect any changes to federal regulatory requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the sub-recipient conducted the required Single Audit, and submitted to ____? When? Choose date from calendar <u>PM 2019</u> <u>Lopez-Vega, CPA, PSC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If there were findings in audits related to FTA or US DOT programs, was a copy of the audit and the SF-SAC submitted to the FTA regional office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If there were findings associated with the audit, has the sub-recipient completed a corrective action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has a 3 yrs – or longer financial plan been submitted to ____? <u>(5307 Program only)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the sub-recipient have financial resources to provide local share? Is the amount eligible for operating assistance calculated in compliance with FTA guidance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient receive operating assistance from FTA? Do amounts for which reimbursement is sought exclude ineligible costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient complied with requirements for charging indirect costs to FTA awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the sub-recipient charge indirect costs using the de minimus rate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Does the sub-recipient have an approved CAP and/or ICRP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Was the annual CAP and/or ICRP proposal submitted to the cognizant agency in accordance with the agency's requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are requests for reimbursements reviewed to ensure that only allowable expenses have been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

4. PROCUREMENT

Policies and Procedures	YES	NO	NA
1. Does the sub-recipient have written procurement policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer question #2			
2. Do procurement policies and procedures provide for and/or address the following:			
• Written standards of conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review of procurement requests to avoid duplicative or unnecessary purchases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written procurement history (rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written protest procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written selection procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Full and open competition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prohibition of geographic preferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DBE participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Contracts	YES	NO	NA
3. Does the sub-recipient ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Does the recipient conduct oversight of third party contractors to ensure performance in accordance with contract terms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the recipient awarded revenue contracts during the review period did it use a competitive process for the award, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the recipient approve, evaluate, and document change orders to procurements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are contracts limited to five years for any rolling stock or replacement parts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were any rolling stock or repair parts purchased? If yes, are term limits for each of these contracts less than or equal to five years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were any other goods or services purchased? If yes, If the sub-recipient used micro-purchase procedures, was it done in accordance with requirements? b. If the sub-recipient used small purchase procedures, was it done in accordance with requirements? c. If the sub-recipient used sealed bid procedures, was it done in accordance with requirements? d. If the sub-recipient used competitive proposal procedures, was it done in accordance with requirements? e. Did the sub-recipient include written justification of any non-competitive or sole source procurements in the procurement file? f. If the sub-recipient had awarded a contract to a single bidder, did it appropriately determine that the item was available only from a single source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a cost or price analysis performed in connection with every procurement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the recipient procure A&E services in accordance with 49 U.S.C. §5325(b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the recipient base the quantity or amount of options on its reasonably foreseeable need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the recipient evaluate option prices included in solicitations prior to contract award?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTA Required Clauses	YES	NO	NA
9. Did the sub-recipient include applicable federal clauses in FTA-funded procurements exceeding the micro-purchase limit and construction contracts over \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Did the recipient include required lobbying certifications in solicitations and receive signed certifications from contractors as part of bid responsiveness in procurements over \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. If the recipient included liquidated damages in its procurements, did it specify the rate in the contract, based on a calculation and rationale?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. DBE

Disadvantaged Business Enterprise (DBE)	YES	NO	NA
-----------------------------------------	-----	----	----

Did the organization receive more than \$250,000 in federal funds? If yes, did the sub-recipient submit a DBE Program for approval? Does the DBELO have direct and independent access to the CEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a Semi-Annual Form "Uniform Report of DBE Awards completed and forwarded to the ____ district by the prescribed reporting period? Reporting Period: May 15 (Oct. 1 - Mar 31) and Nov. 10 (April 1 - Sept. 30). Are the uniform reports completed accurately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For each of the past three completed Federal fiscal years, if the sub-recipient's DBE achievements (based on contract awards) were below the overall goal for the applicable year, did the sub-recipient complete the required shortfall analysis and corrective action plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can documentation ("good faith efforts") be presented that DBE's have had the maximum opportunity to compete for and perform contracts and subcontracts financed in whole or in part with FTA funds? Examples of Good Faith Efforts include, but not limited to: a. Ensuring DBE's are aware of contracting opportunities by advertising for DBE on your website, focus groups, meetings, news, events, journals, etc.; b. Soliciting disadvantaged businesses by fax, e-mail, and telephone; and Documenting proof of all good faith outreach performed by DBE Good Faith on your behalf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the sub-recipient certified that they have visited the work site and to ensure that work committed to DBEs is actually performed by DBEs? (49 CFR 26.37)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient submit its goal on time? Has the recipient implemented steps to meet the maximum feasible portion of its overall goal race-neutrally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

6. Satisfactory Continuing Control

	YES	NO	NA
1. Does the sub-recipient maintain adequate records on the status of real property and submit required reports and notifications to ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If real property was acquired, were all actions, including just compensation, property or properties under litigation, administrative settlements, and condemnation for each parcel reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the sub-recipient maintain control over FTA-funded equipment and ensure equipment and property are being used for its intended purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was equipment withdrawn from use and disposed of in accordance with 2 CFR 200 and FTA requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the sub-recipient have incidental uses of any FTA-funded real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Did the sub-recipient follow FTA requirements for incidental use of real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are bus fleets managed in accordance with FTA requirements for spare ratios and contingency fleets?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the recipient have flood insurance for any FTA-funded buildings located in areas that have been identified as having special flood hazards and in which the sale of flood insurance has been made available under the National Flood Insurance Act of 1968	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Inventory	YES	NO	
8. When was the last physical inventory completed? Date: Choose date from calendar			
9. Have there been any changes to the status of real property and/or equipment since the last physical inventory? If yes, was _____ notified in writing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Was an accurate inventory list been provided to _____ as per checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Does sub-recipient meet the mandatory spare ratio of 20%? (If greater than 50 vehicles?) Spare Ratio = Total Peak Hour Vehicle Requirement/Spare Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. MAINTENANCE PROGRAM

	YES	NO	NA																				
1. Does the sub-recipient have a written maintenance plan for FTA-funded assets (Vehicles, facilities, and equipment) that includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Periodic preventive maintenance inspections and scheduled services, including wheelchair lifts, ramps, kneeler, public address systems, voice announcement systems, specific mission critical and safety items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Warranty compliance and recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Provisions for wheel-chair lifts and other accessible equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Management of maintenance resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Standards for maintenance subcontractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
2. Vehicle Inspections and Checklists – _____ staff will inspect maintenance logbooks with service schedules (based on fleet size) and respond to questions 13-17 outlined below.																							
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Inspection Sample Size</th> <th colspan="2">Inspection Summary</th> </tr> <tr> <th>Fleet size</th> <th>Log Books Inspected</th> <th>Inspected Logs</th> <th>Vehicle License Plate</th> </tr> </thead> <tbody> <tr> <td>1-5</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>6-15</td> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>16+</td> <td>3</td> <td>3</td> <td></td> </tr> </tbody> </table>				Inspection Sample Size		Inspection Summary		Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate	1-5	1	1		6-15	2	2		16+	3	3	
Inspection Sample Size		Inspection Summary																					
Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate																				
1-5	1	1																					
6-15	2	2																					
16+	3	3																					
3. Are pre-trip inspections conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Does the PM plan describe the inspection procedures for each item listed on the inspection of servicing checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
5. Does the schedule indicate when (according to mileage or time) each service is scheduled to be performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
6. Does the schedule indicate the date/mileage when services were performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
7. Using the vehicle maintenance log with the service schedule and pre-trip inspection checklist compare when a service was due vs. when service was performed. Is the correlation reasonable? (10 percent +/-) Was the DVR accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
8. Are warranty claims pursued prior to seeking reimbursement from _____? What is the sub-recipients system for identifying and tracking warranty issues and recovering warranty claims? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Maintenance Procedures for Accessible Equipment	YES	NO	NA																				

9. When a lift is discovered to be inoperative, is the vehicle out of service and repaired before the beginning of the vehicle's next service day? <i>If there is no spare vehicle available to take the place of a vehicle with an inoperable lift, entity may keep the vehicle in service with an inoperable lift for no more than five days (if the entity serves an area of 50,000 or less population) or three days (if the entity serves an area of over 50,000 population) from the day on which the lift is discovered to be inoperative. CFR Part 37.163</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/Equipment Inspection	YES	NO	NA
10. Was a facility/equipment/real property purchased using FTA/____ funds? If yes, is there a facility/equipment maintenance program that include: a. An organization and assignment of responsibility for facility and equipment maintenance, and b. A series of inspections and routine maintenance actions designed to ensure proper care and maximize useful service life of facilities and equipment, and c. A record-keeping system that maintains adequate permanent records of maintenance and inspection activity for buildings and equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Resources	YES	NO	NA
11. Does the maintenance plan address the following?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Goals and objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate resources (Organizational structure, staffing levels, training, experience)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performance reports/maintenance management reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Review			
____ staff will conduct random maintenance inspection of buses to ensure proper functionality.			

General Vehicle Condition Checklist (____ use only)

BUS # _____

1. Exterior condition (Paint Condition / Body Damage / Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

2. Lights, Mirrors, Glass (Breaks, Cracks, Not Functioning Lights)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

3. Interior (Upholstery, Safety Belts, Floor, Door Operation, Lights, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

4. Engine Running (Difficulty Starting, Excessive Noise, Visible Exhaust, Noticeable Odors (other than diesel exhaust), Evidence of Oil Leaks on Ground)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

5. Tires (Visibly worn, Sidewall Cuts or Cracks, Appear Under Inflated)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

6. Wheelchair Lift / Ramp (Operates Properly, No Exposed Hazards, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

7. PA System/ Voice Annunciation system (Operates Properly)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate Attention

Comments:

8. Safety (loose items in driver and passenger compartment, etc.)

Comments: _____

The General Vehicle Condition Checklist is attached at the end of this Checklist.

8. ADA

ADA-General	YES	NO	NA
1. Does the sub-recipient track, resolve, and respond to ADA-related complaints? Does the sub-recipient have procedures in place?	✓		
2. Do the procedures provide for the prompt and equitable resolution of complaints, including a procedure for responding to complaints and tracking the responses?	✓		
3. Have any ADA Complaints been filed with _____ or FTA?		✓	
4. Does the recipient retain ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years?	✓		
5. Does the sub-recipient monitor contracted service or service provided by another public entity on the sub-recipient's behalf for compliance with the U.S. Department of Transportation (US DOT) ADA regulations?	✓		
6. Does the sub-recipient follow ADA provision of service requirements?	✓		
7. How does the sub-recipient implement the reasonable modification process?	✓		

Comments:

	YES	NO	NA
Securement, Lift, Availability and Access			
1. Does the sub-recipient accommodate individuals who rely on accessible equipment when that equipment is inoperative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a policy that covers the securement of mobility devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are publicized services made in accessible formats (i.e., large print, TOO, Braille, audio tape)? How does the sub-recipient honor the request for accessible formats?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a written policy on service animals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is adequate time allotted for the embarking and disembarking of passengers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the lift/kneel feature functional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Service Equivalency			
7. Is training provided to agency personnel and subcontractors for the safe operation of vehicles, accessibility equipment, and the proper treatment of persons with disabilities? Number of staff trained this year:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using the same type of service (i.e., <i>fixed route, paratransit, demand response</i>), is the fare and service provided to a disabled passenger the same as the fare that is charged to a non-disabled passenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are trips prioritized for any purpose?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. How does the sub-recipient ensure there is no pattern or practice of trip denials? Untimely pick-ups? Missed trips? Excessively long trips?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. How are trip denials recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Facilities			
13. Does the facility(s) have at least one accessible entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are bathrooms and water fountains provided and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are public and common use areas accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have any facilities been constructed or modified? If yes, were the modifications in accordance with 49 CFR Part 37, "ADA Accessibility Guidelines?"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ADA - Complementary Paratransit			
17. Is the sub-recipient a fixed route service provided? If no, skip questions 15-25. If yes, do you have a Complementary Para-transit Plan? When was the plan updated? Choose date from calendar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Does the recipient provide ADA complementary paratransit service to out-of-town visitors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. If the recipient has a no-show/late cancellation policy for ADA complementary paratransit service, does it meet the ADA complementary paratransit service requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Does the recipient limit the availability of service to ADA paratransit eligible individuals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the sub-recipient's eligibility determination process meet ADA complementary paratransit service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Is there an appeals process? Does the process allow the applicant the opportunity to be heard and to present Information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is next day service provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are trips scheduled within one hour of the requested trip time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are fares no more than twice the fixed route fare?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is service provided within 3/4 mile of fixed routes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Is service available during the same hours and days as fixed route?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does subscription service exceed 50 percent (unless there is non-subscription capacity)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Route Deviation Service. To be considered demand responsive, the service must deviate for the general public, not just persons with disabilities. If deviations are restricted to a group, the service ceases to be a form of demand-responsive service for the general public.			
31. Is general route deviation service open to the general public? Is route deviation service used as your method for demand-responsive service? If no, skip to question 28. If yes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Does the service deviate for people with and without disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is the service publicly advertised as route deviation service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Does the service have characteristics similar to those of a demand responsive service? Examples include:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Response time;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Fares;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Geographic area of service;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Hours and days of service;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Restrictions or priorities based on trip purpose;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Availability of information and reservations capability; and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Any constraints on capacity or service availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Observation Check

33. ~~When~~ Staff should observe a minimum of one of the following sub-recipient functions. It is recommended the transit agency be contacted prior to completing any of the following:

- ☐ Riding the service
- ☐ Observing transit agency reservation service
- ☒ Observing transit agency scheduling
- ☐ Observing transit agency dispatching
- ☐ Observing ADA complementary paratransit eligibility process

Description of the observation results

Comments:

Scheduling

9. TITLE VI

		YES	NO	NA
Complaints and Lawsuits				
1. Are there complaint policies and procedures?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for filing complaints (organization name, phone numbers, etc.) readily accessible to riders, employees, and applicants?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Were any transit related lawsuits/complaints filed within the past year? If yes, does the review of lawsuits/complaints denote a pattern of discrimination? If yes, provide the following information:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The date the lawsuit/complaint was filed _____				
The name and address of the complainant _____				
A summary of the allegation _____				
4. Are complaints documented and are they assigned to the appropriate transit staff for investigation?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do riders, employees, and applicants have the option to file a complaint with organizations other than the sub-recipient? If so, who:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is the name and title of the person in the organization responsible for ensuring Civil Rights requirements are fulfilled?				
Name: _____ Title: _____				
		YES	NO	NA
Title VI Program				
8. Does the sub-recipient have a Title VI Program consisting of the following elements:				
• Title VI Notice to the Public, including a list of locations where the notice is posted and the following contents:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. a statement that the agency operates programs without regard to race, color, or national origin;		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. a description of the procedures that members of the public should follow in order to request additional information on the recipient's Title VI obligations;		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a description of the procedures that members of the public shall follow in order to file a Title VI discrimination complaint against the recipient.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Form		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of transit-related Title VI investigations, complaints, and lawsuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Participation Plan, including information about early and continuous outreach methods to engage minority and limited English proficient populations (LEP) in the identification of social, economic, and environmental impacts of proposed transportation decisions, as well as a summary of outreach efforts made since the last Title VI Program submission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient evaluated fare and major service changes and monitored transit service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited English Proficiency (LEP)	YES	NO	NA
9. In order to ensure meaningful access to programs and activities, transit providers shall use the information obtained in the Four Factor Analysis to determine the specific language services that are appropriate to provide. Were the following Four Factors (e.g. <i>Four Factor Analysis</i>) used to determine which language assistance services are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The frequency with which LEP persons come into contact with the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The nature and importance of the program, activity, or service provided by the program to people's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are vital documents (schedules, brochures, etc.) provided in languages other than English? Examples of vital documents include an ADA complementary paratransit eligibility application, a Title VI complaint form, notice of a person's rights under Title VI, and other documents that provide access to essential services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. How are minority organizations/communities notified of public meetings, program opportunities, new or a change in service (i.e., hours of service, delivery points) using the media, city, and council representatives, etc.?).			

10. EQUAL EMPLOYMENT OPPORTUNITY

	YES	NO	NA
1. Does the sub-recipient employees 100 or more transit-related employees? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year? If so, is there an EEO program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient employees 50-99 transit-related employees? If so, is there an abbreviated EEO program? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Does the abbreviated EEO program include the following elements?			
• Statement of Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Policy Dissemination Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Designation of Personnel Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Assessment of Employees Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

• Monitoring and Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the required posters/materials listed below placed in conspicuous places (lunch rooms, building entry, lobby, etc.) and made available to employees and applicants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EEO Policy Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equal Employment Opportunity (EEO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family and Medical Leave Act (FMLA) of 1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Polygraph Protection Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fair Labor Standards Act (FLSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an EEO Program Plan in accordance with FTA Circular 4704.1 EEO and include the following elements:			
1. Designation of personnel responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workforce Utilization Analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Goals and timetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assessment of past employment practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proposed remedies for problem areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitoring and reporting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal EEO Plan requires designation of personnel responsibilities, a workforce analysis (including an identification of areas of underutilization), goals and timetables, an assessment of past employment practices, proposed remedies for problem areas, and a monitoring and reporting system.			
Underutilization Analysis. The purpose of the utilization analysis is to identify those job categories where underutilization and/or concentration of women or minorities exist in relation to their availability in the relevant labor market. It is also to establish the framework for goals and timetables and other affirmative actions to correct employment practices that may have contributed to any underutilization or concentration.			
5. Were specific percentage and numerical goals with timetables created to correct any underutilization of specific affected classes of persons identified in a workforce utilization analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were goals set in the previous submission met? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

11. DRUG AND ALCOHOL PROGRAM

Drug and Alcohol Policy	YES	NO	NA
1. Does the sub-recipient have a board-adopted drug and alcohol misuse policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a Drug and Alcohol testing program for safety sensitive employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is transit service subcontracted? If yes, how do you monitor subcontractors with safety sensitive employees to ensure drug and alcohol testing programs are administered in accordance with the regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			

4. Do contractors and subcontractors with safe sensitive employees have drug and alcohol testing programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the drug policy contain the following information:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval by governing board or other "final authority" for the subrecipient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity of contact person, office, or position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee categories to be tested – safety sensitive positions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing circumstances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing procedures – consistent with 49 CFR 40, as amended	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required participation by employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior that constitutes refusal to submit to a test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee who has a verified positive test result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee found to have an alcohol concentration of 0.02 or greater, but less than 0.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any program elements in addition to those required by FTA defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the sub-recipient maintain drug and alcohol program records in a secure location with controlled access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was drug awareness program performed in the past year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are drug test records maintained for specified period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do all medical review officers, substance abuse professionals, breath alcohol technicians, and collectors in the drug and alcohol testing program have the required qualifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have contractors, lessees, and subcontractors with safety-sensitive employees filed annual MIS reports with the recipient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have subrecipients with safety-sensitive employees filed annual MIS reports with the recipient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-Free Workplace	YES	NO	NA
11. Does the sub-recipient have a written policy as prescribed by the Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
12. Is it distributed periodically to all employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the sub-recipient have an on-going drug awareness program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the sub-recipient ensure that all covered employee receive the required 60 minutes of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the recipient ensure that all supervisors or other officials responsible for making reasonable suspicion determinations receive the required 60 minutes of training on drug use and 60 minutes of training on alcohol misuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the sub-recipient notified its employees that the unlawful manufacture, distribution dispensing, possession, or use of a controlled substance is prohibited in the workplace? How? How are vendors monitored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
17. Have employees been notified of the dangers of drug abuse and any available drug counseling, rehabilitation, and employee assistance programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have they been notified of their responsibility to report any criminal drug statute conviction for a violation occurring in the workplace to the sub-recipient within five days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

19. Has the sub-recipient notified employees of the sanctions that they might be subject to for violation of the Drug-Free Workplace requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection Sites	YES	NO	NA
1. Does the sub-recipient have on file the qualifications for the following:			
A) Medical Review Officers (MROs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Substance Abuse Professionals (SAPs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Screening Test Technicians (STTs) Breath Alcohol Technicians (BATs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Collectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. SAFETY AND SECURITY - 5307 Sub-recipient

Security Expenditures	YES	NO	NA
1. Does the sub-recipient utilize one percent of its Section 5307 expenditures for transit security? If no, please explain why funds are not used for this purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the sub-recipient keep a log of all safety and security assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. PUBLIC COMMENT ON FARE INCREASES AND MAJOR SERVICE REDUCTIONS

Public Comment	YES	NO	NA
1. Does the sub-recipient have written procedures on fare increases or major services reductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the sub-recipient increased fares or had any major service reductions since the last review?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, did the sub-recipient follow its public comment procedures on fare increases and major service reductions (request copies of public notices related to fare increases and major service reductions).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Puerto Rico Highway and Transportation Authority (PRHTA)
Oversight REVIEW CHECKLIST

GENERAL INFORMATION

Sub-recipient Name: Municipality of Las Marías

Funding Source: ☐ Section 5307 ☐ Section 5311 ☐ Both ☐ Other _____

Sub-recipient Representative: _____

_____ personnel conducting compliance visit: Norma L. García

Date of compliance visit: _____

ORGANIZATIONAL

Brief description of Sub-recipient Service:

HTA ID:
SAMS #: 15094252
Insurance: 1100198003700
Contrato arrendamiento hasta 2022 (\$200 mensuales)

1.0 Overview The PRHTA is responsible for monitoring sub-recipients and

contractors to ensure that all fiscal, federal, and programmatic responsibilities are fulfilled. The purpose of this Compliance Review report is to provide an internal control mechanism designed to review performance over a period of time and to evaluate compliance of sub-recipients and contractors funded with federal funds. Monitoring also allows jurisdictions to provide technical assistance to help subrecipients and contractors comply with applicable laws and regulations, improve technical skills, increase capacity and stay updated on regulations.

_____ Intermodal – Transit Division will be responsible for monitoring sub-recipients and contractors no less than twice per contract year and more often should it be necessary.

The review will include a physical on-site visit at the location where the sub-recipients and contractors maintain the project records.

Areas for monitoring sub-recipients and contractors shall include:

- | | |
|------------------------------------|----------------------------------|
| 1. Legal | 8. ADA |
| 2. Technical Capacity | 9. Title VI |
| 3. Financial Management | 10. Equal Employment Opportunity |
| 4. Procurement | 11. Drug and Alcohol Program |
| 5. DBE | 12. Safety and Security |
| 6. Satisfactory Continuing Control | 13. Public Comment |
| 7. Maintenance Program | |

Citation References. The _____ public transportation program operates under transit provisions including, but not limited to the following:

Federal Transit Administration (FTA): www.fta.dot.gov/

Code of Federal Regulations (CFR): www.access.gpo.gov/nara/cfr/cfr-table-search.html

United States Code (USC): www4.law.cornell.edu/uscode/

Process. The Compliance Monitoring and Site Visit process include the following:

1. Pre-Site Visit Activities: A copy of the document checklist and the Compliance Monitoring Questionnaire will be sent to sub-recipients prior to the scheduled site visit. **Sub-recipients will be asked to submit certain documents in advance as part of the desk review.** PRHTA Staff will review this documentation prior to the on-site compliance monitoring site/visit.
2. Entrance Interview: The entrance interview conveys the purpose and focus of the visit and to inform the sub-recipient of specific tasks to be completed during the visit, specifically activities outlined on the Compliance Questionnaire.
3. Compliance Monitoring: PRHTA staff will conduct on on-site visit to verify that documentation, policies and procedures supports the reviewer's observations and conclusions.
4. Exit Interview: The exit interview provides PRHTA and the sub-recipient an opportunity to review findings and/or provide the necessary recommendations to improve the administration of program(s).

REVIEW AREAS

1 LEGAL

	YES	NO	NA
Legal			
1. Is the sub-recipient designated as the body legally responsible for the overall organization, management and operation of the transportation system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have an authorizing resolution passed by a governing body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the sub-recipient promptly notified _____ and FTA of any legal matters that may affect the FTA? If yes, please list details including date, name of complainant and summary of allegation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the sub-recipient promptly notified _____ and FTA of any instances relating to false claims under the False Claims Act or fraud?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient use only non-appropriated funds for any lobbying activities and did the agency file the disclosure form to FTA?			
Comments:			

2 TECHNICAL CAPACITY

	YES	NO	NA
Sub-recipient Oversight			
1. Determine if the sub-recipient is eligible to receive assistance under federal award programs.: <input type="checkbox"/> Private non-profit organizations; <input type="checkbox"/> State or local governmental authorities; and <input type="checkbox"/> Operators of public transportation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a signed lobbying certification on file from sub-recipients entering into agreements exceeding \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Was the sub-recipient ever suspended, debarred, ineligible or voluntarily excluded from participation in federally assisted transactions or procurement before entering into agreements exceeding \$25,000? (Check SAM, Collect certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is sub-recipient compliant with federal requirements and performance goals, and provide for evaluation of sub-recipient risk of noncompliance with those requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Project Management - (TPO)			
5. Does the sub-recipient provide administrative and management oversight of project implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the sub-recipient monitor activities (technical inspection and supervision of construction project, technology project, planning projects) under the award to assure schedules are met and other performance goals are achieved? Has the sub-recipient maintain project work schedules? Does sub-recipient ensure conformity to applicable statutes, codes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What is the sub-recipient process for determining the applicability of, and ensuring compliance with, all Federal requirements? <i>Municipality / PRHFA</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are sub -recipient expenditures within the latest approved award budget? If projects are not on budget, what are the reasons justified in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there transit management or service contractors ? If yes , are there written policies, procedures and plans that address the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Site visit checklist(s)/reports, Vehicle/facility checklist reports applicable to FTA requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Standardized monitoring forms/processes that are consistent with FTA/_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timely notification on any significant issues follow up on findings and improvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of the individual responsible for conducting the monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the sub-recipient using force account labor for any FTA-funded capital project, did it comply with FTA requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Award Management	YES	NO	NA
7. Has the sub-recipient submitted milestone progress reports (MPRs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often is the sub-recipient required to submit MPRs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the MPR contain a narrative of activity status and any problems encountered in implementation, specification preparation, bid solicitation, resolution of protests, or third-party contract awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there were schedule changes, is there:			
• An explanation of why scheduled milestones or completion dates were not met?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Identification of problem areas and a narrative on how the problems will be solved?			
• A discussion of the expected impacts and the efforts to recover from the delays?			
11. Does the recipient ensure timely expenditure of funds and close out of awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

3. FINANCIAL MANAGEMENT

	YES	NO	NA
1. Does sub-recipient meet A- 133 threshold of \$750,000 across all Federal Programs? (If No, please skip to question 4 or 5 depending on program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have comprehensive policies and procedures in place for managing awards and internal control? Does the policies and procedures address internal control practices to prevent waste, loss and misuse of federal funds? Have policies and procedures been updated to reflect any changes to federal regulatory requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the sub-recipient conducted the required Single Audit, and submitted to ____? When? Choose date from calendar <u>Aug 2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If there were findings in audits related to FTA or US DOT programs, was a copy of the audit and the SF-SAC submitted to the FTA regional office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If there were findings associated with the audit, has the sub-recipient completed a corrective action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has a 3 yrs – or longer financial plan been submitted to ____? (5307 Program only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the sub-recipient have financial resources to provide local share? Is the amount eligible for operating assistance calculated in compliance with FTA guidance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient receive operating assistance from FTA? Do amounts for which reimbursement is sought exclude ineligible costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient complied with requirements for charging indirect costs to FTA awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the sub-recipient charge indirect costs using the de minimus rate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Does the sub-recipient have an approved CAP and/or ICRP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Was the annual CAP and/or ICRP proposal submitted to the cognizant agency in accordance with the agency's requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are requests for reimbursements reviewed to ensure that only allowable expenses have been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

4. PROCUREMENT

	YES	NO	NA
Policies and Procedures			
1. Does the sub-recipient have written procurement policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer question #2			
2. Do procurement policies and procedures provide for and/or address the following:			
• Written standards of conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review of procurement requests to avoid duplicative or unnecessary purchases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written procurement history (rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written protest procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written selection procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Full and open competition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prohibition of geographic preferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DBE participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Contracts	YES	NO	NA
3. Does the sub-recipient ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Does the recipient conduct oversight of third party contractors to ensure performance in accordance with contract terms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the recipient awarded revenue contracts during the review period did it use a competitive process for the award, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the recipient approve, evaluate, and document change orders to procurements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are contracts limited to five years for any rolling stock or replacement parts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were any rolling stock or repair parts purchased? If yes, are term limits for each of these contracts less than or equal to five years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were any other goods or services purchased? If yes, If the sub-recipient used micro-purchase procedures, was it done in accordance with requirements? b. If the sub-recipient used small purchase procedures, was it done in accordance with requirements? c. If the sub-recipient used sealed bid procedures, was it done in accordance with requirements? d. If the sub-recipient used competitive proposal procedures, was it done in accordance with requirements? e. Did the sub-recipient include written justification of any non-competitive or sole source procurements in the procurement file? f. If the sub-recipient had awarded a contract to a single bidder, did it appropriately determine that the item was available only from a single source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a cost or price analysis performed in connection with every procurement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the recipient procure A&E services in accordance with 49 U.S.C. §5325(b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the recipient base the quantity or amount of options on its reasonably foreseeable need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the recipient evaluate option prices included in solicitations prior to contract award?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTA Required Clauses	YES	NO	NA
9. Did the sub-recipient include applicable federal clauses in FTA-funded procurements exceeding the micro-purchase limit and construction contracts over \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Did the recipient include required lobbying certifications in solicitations and receive signed certifications from contractors as part of bid responsiveness in procurements over \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. If the recipient included liquidated damages in its procurements, did it specify the rate in the contract, based on a calculation and rationale?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. DBE

Disadvantaged Business Enterprise (DBE)	YES	NO	NA
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Did the organization receive more than \$250,000 in federal funds? If yes, did the sub-recipient submit a DBE Program for approval? Does the DBELO have direct and independent access to the CEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a Semi-Annual Form "Uniform Report of DBE Awards completed and forwarded to the ____ district by the prescribed reporting period? Reporting Period: May 15 (Oct. 1 - Mar 31) and Nov. 10 (April 1 - Sept. 30). Are the uniform reports completed accurately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For each of the past three completed Federal fiscal years, if the sub-recipient's DBE achievements (based on contract awards) were below the overall goal for the applicable year, did the sub-recipient complete the required shortfall analysis and corrective action plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can documentation ("good faith efforts") be presented that DBE's have had the maximum opportunity to compete for and perform contracts and subcontracts financed in whole or in part with FTA funds? Examples of Good Faith Efforts include, but not limited to: a. Ensuring DBE's are aware of contracting opportunities by advertising for DBE on your website, focus groups, meetings, news, events, journals, etc.; b. Soliciting disadvantaged businesses by fax, e-mail, and telephone; and Documenting proof of all good faith outreach performed by DBE Good Faith on your behalf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the sub-recipient certified that they have visited the work site and to ensure that work committed to DBEs is actually performed by DBEs? (49 CFR 26.37)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient submit its goal on time? Has the recipient implemented steps to meet the maximum feasible portion of its overall goal race-neutrally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

6. Satisfactory Continuing Control

	YES	NO	NA
1. Does the sub-recipient maintain adequate records on the status of real property and submit required reports and notifications to ____?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If real property was acquired, were all actions, including just compensation, property or properties under litigation, administrative settlements, and condemnation for each parcel reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the sub-recipient maintain control over FTA-funded equipment and ensure equipment and property are being used for its intended purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was equipment withdrawn from use and disposed of in accordance with 2 CFR 200 and FTA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the sub-recipient have incidental uses of any FTA-funded real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the sub-recipient follow FTA requirements for incidental use of real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are bus fleets managed in accordance with FTA requirements for spare ratios and contingency fleets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient have flood insurance for any FTA-funded buildings located in areas that have been identified as having special flood hazards and in which the sale of flood insurance has been made available under the National Flood Insurance Act of 1968	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Inventory	YES	NO	
8. When was the last physical inventory completed? Date: Choose date from calendar			
9. Have there been any changes to the status of real property and/or equipment since the last physical inventory? If yes, was _____ notified in writing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Was an accurate inventory list been provided to _____ as per checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Does sub-recipient meet the mandatory spare ratio of 20%? (If greater than 50 vehicles?) Spare Ratio = Total Peak Hour Vehicle Requirement/Spare Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. MAINTENANCE PROGRAM

	YES	NO	NA																				
1. Does the sub-recipient have a written maintenance plan for FTA-funded assets (Vehicles, facilities, and equipment) that includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<ul style="list-style-type: none"> Periodic preventive maintenance inspections and scheduled services, including wheelchair lifts, ramps, kneeler, public address systems, voice annunciation systems, specific mission critical and safety items 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<ul style="list-style-type: none"> Warranty compliance and recovery 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<ul style="list-style-type: none"> Provisions for wheel-chair lifts and other accessible equipment 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<ul style="list-style-type: none"> Management of maintenance resources 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<ul style="list-style-type: none"> Standards for maintenance subcontractors 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
2. Vehicle Inspections and Checklists – _____ staff will inspect maintenance logbooks with service schedules (based on fleet size) and respond to questions 13-17 outlined below.																							
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Inspection Sample Size</th> </tr> <tr> <th>Fleet size</th> <th>Log Books Inspected</th> </tr> </thead> <tbody> <tr> <td>1-5</td> <td>1</td> </tr> <tr> <td>6-15</td> <td>2</td> </tr> <tr> <td>16+</td> <td>3</td> </tr> </tbody> </table> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Inspection Summary</th> </tr> <tr> <th>Inspected Logs</th> <th>Vehicle License Plate</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	Inspection Sample Size		Fleet size	Log Books Inspected	1-5	1	6-15	2	16+	3	Inspection Summary		Inspected Logs	Vehicle License Plate	1		2		3				
Inspection Sample Size																							
Fleet size	Log Books Inspected																						
1-5	1																						
6-15	2																						
16+	3																						
Inspection Summary																							
Inspected Logs	Vehicle License Plate																						
1																							
2																							
3																							
3. Are pre-trip inspections conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Does the PM plan describe the inspection procedures for each item listed on the inspection of servicing checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
5. Does the schedule indicate when (according to mileage or time) each service is scheduled to be performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
6. Does the schedule indicate the date/mileage when services were performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
7. Using the vehicle maintenance log with the service schedule and pre-trip inspection checklist compare when a service was due vs. when service was performed. Is the correlation reasonable? (10 percent +/-) Was the DVR accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
8. Are warranty claims pursued prior to seeking reimbursement from _____? What is the sub-recipients system for identifying and tracking warranty issues and recovering warranty claims?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Maintenance Procedures for Accessible Equipment	YES	NO	NA																				

9. When a lift is discovered to be inoperative, is the vehicle out of service and repaired before the beginning of the vehicle's next service day? <i>If there is no spare vehicle available to take the place of a vehicle with an inoperable lift, entity may keep the vehicle in service with an inoperable lift for no more than five days (if the entity serves an area of 50,000 or less population) or three days (if the entity serves an area of over 50,000 population) from the day on which the lift is discovered to be inoperative. CFR Part 37.163</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/Equipment Inspection	YES	NO	NA
10. Was a facility/equipment/real property purchased using FTA/____ funds? If yes, is there a facility/equipment maintenance program that include: a. An organization and assignment of responsibility for facility and equipment maintenance, and b. A series of inspections and routine maintenance actions designed to ensure proper care and maximize useful service life of facilities and equipment, and c. A record-keeping system that maintains adequate permanent records of maintenance and inspection activity for buildings and equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Resources	YES	NO	NA
11. Does the maintenance plan address the following?			
• Goals and objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate resources (Organizational structure, staffing levels, training, experience)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performance reports/maintenance management reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Review			
<u>PAUSE</u> staff will conduct random maintenance inspection of buses to ensure proper functionality.	<input checked="" type="checkbox"/>		

General Vehicle Condition Checklist (____ use only)

BUS # _____

1. Exterior condition (Paint Condition / Body Damage / Cleanliness)

☐ Excellent ☐ Good ☐ Fair

☐ Poor

☐

Needs Immediate

Attention

Comments:

2. Lights, Mirrors, Glass (Breaks, Cracks, Not Functioning Lights)

☐ Excellent ☐ Good ☐ Fair

☐ Poor

☐

Needs Immediate

Attention

Comments:

3. Interior (Upholstery, Safety Belts, Floor, Door Operation, Lights, Cleanliness)

☐ Excellent ☐ Good ☐ Fair

☐ Poor

☐

Needs Immediate

Attention

Comments:

4. Engine Running (Difficulty Starting, Excessive Noise, Visible Exhaust, Noticeable Odors (other than diesel exhaust), Evidence of Oil Leaks on Ground)

☐ Excellent ☐ Good ☐ Fair

☐ Poor

☐

Needs Immediate

Attention

Comments:

5. Tires (Visibly worn, Sidewall Cuts or Cracks, Appear Under Inflated)

☐ Excellent ☐ Good ☐ Fair

☐ Poor

☐

Needs Immediate

Attention

Comments:

6. Wheelchair Lift / Ramp (Operates Properly, No Exposed Hazards, Cleanliness)

☐ Excellent ☐ Good ☐ Fair

☐ Poor

☐

Needs Immediate

Attention

Comments:

7. PA System/ Voice Annunciation system (Operates Properly)

☐ Excellent

☐ Good

☐ Fair

☐ Poor

☐

Needs

Immediate

Attention

Comments:

8. Safety (loose items in driver and passenger compartment, etc.)

Comments: _____

The general vehicles condition checklist is attached at the end of this check list.

8. ADA

ADA-General	YES	NO	NA
1. Does the sub-recipient track, resolve, and respond to ADA-related complaints? Does the sub-recipient have procedures in place?			
2. Do the procedures provide for the prompt and equitable resolution of complaints, including a procedure for responding to complaints and tracking the responses?			
3. Have any ADA Complaints been filed with _____ or FTA?			
4. Does the recipient retain ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years?			
5. Does the sub-recipient monitor contracted service or service provided by another public entity on the sub-recipient's behalf for compliance with the U.S. Department of Transportation (US DOT) ADA regulations?			
6. Does the sub-recipient follow ADA provision of service requirements?			
7. How does the sub-recipient implement the reasonable modification process?			

Comments:

	YES	NO	NA
Securement, Lift, Availability and Access			
1. Does the sub-recipient accommodate individuals who rely on accessible equipment when that equipment is inoperative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a policy that covers the securement of mobility devices?			
3. Are publicized services made in accessible formats (i.e., large print, TOO, Braille, audio tape)? How does the sub-recipient honor the request for accessible formats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a written policy on service animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is adequate time allotted for the embarking and disembarking of passengers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the lift/kneel feature functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Service Equivalency	YES	NO	NA
7. Is training provided to agency personnel and subcontractors for the safe operation of vehicles, accessibility equipment, and the proper treatment of persons with disabilities? Number of staff trained this year:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using the same type of service (i.e., <i>fixed route, paratransit, demand response</i>), is the fare and service provided to a disabled passenger the same as the fare that is charged to a non-disabled passenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are trips prioritized for any purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How does the sub-recipient ensure there is no pattern or practice of trip denials? Untimely pick-ups? Missed trips? Excessively long trips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How are trip denials recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	YES	NO	NA
13. Does the facility(s) have at least one accessible entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are bathrooms and water fountains provided and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are public and common use areas accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have any facilities been constructed or modified? If yes, were the modifications in accordance with 49 CFR Part 37, "ADA Accessibility Guidelines?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADA - Complementary Paratransit	YES	NO	NA
17. Is the sub-recipient a fixed route service provided? If no, skip questions 15-25. If yes, do you have a Complementary Para-transit Plan? When was the plan updated? Choose date from calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the recipient provide ADA complementary paratransit service to out-of-town visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. If the recipient has a no-show/late cancellation policy for ADA complementary paratransit service, does it meet the ADA complementary paratransit service requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the recipient limit the availability of service to ADA paratransit eligible individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the sub-recipient's eligibility determination process meet ADA complementary paratransit service requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Is there an appeals process? Does the process allow the applicant the opportunity to be heard and to present Information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is next day service provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are trips scheduled within one hour of the requested trip time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are fares no more than twice the fixed route fare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is service provided within 3/4 mile of fixed routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is service available during the same hours and days as fixed route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does subscription service exceed 50 percent (unless there is non-subscription capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Route Deviation Service. To be considered demand responsive, the service must deviate for the general public, not just persons with disabilities. If deviations are restricted to a group, the service ceases to be a form of demand-responsive service for the general public.			
31. Is general route deviation service open to the general public? Is route deviation service used as your method for demand-responsive service? If no, skip to question 28. If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the service deviate for people with and without disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the service publicly advertised as route deviation service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the service have characteristics similar to those of a demand responsive service? Examples include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Response time;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fares;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Geographic area of service;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hours and days of service;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Restrictions or priorities based on trip purpose;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Availability of information and reservations capability; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any constraints on capacity or service availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation Check			
33. ___ staff should observe a minimum of one of the following sub-recipient functions. It is recommended the transit agency be contacted prior to completing any of the following:			
<input type="checkbox"/> Riding the service <input type="checkbox"/> Observing transit agency reservation service <input type="checkbox"/> Observing transit agency scheduling <input type="checkbox"/> Observing transit agency dispatching <input type="checkbox"/> Observing ADA complementary paratransit eligibility process			
Description of the observation results			
Comments:			

9. TITLE VI

Complaints and Lawsuits	YES	NO	NA
1. Are there complaint policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for filing complaints (organization name, phone numbers, etc.) readily accessible to riders, employees, and applicants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were any transit related lawsuits/complaints filed within the past year? If yes, does the review of lawsuits/complaints denote a pattern of discrimination? If yes, provide the following information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The date the lawsuit/complaint was filed			
The name and address of the complainant			
A summary of the allegation			
4. Are complaints documented and are they assigned to the appropriate transit staff for investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do riders, employees, and applicants have the option to file a complaint with organizations other than the sub-recipient? If so, who:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is the name and title of the person in the organization responsible for ensuring Civil Rights requirements are fulfilled? Name: _____ Title: _____			
Title VI Program	YES	NO	NA
8. Does the sub-recipient have a Title VI Program consisting of the following elements:			
• Title VI Notice to the Public, including a list of locations where the notice is posted and the following contents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. a statement that the agency operates programs without regard to race, color, or national origin;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. a description of the procedures that members of the public should follow in order to request additional information on the recipient's Title VI obligations;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a description of the procedures that members of the public shall follow in order to file a Title VI discrimination complaint against the recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of transit-related Title VI investigations, complaints, and lawsuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Participation Plan, including information about early and continuous outreach methods to engage minority and limited English proficient populations (LEP) in the identification of social, economic, and environmental impacts of proposed transportation decisions, as well as a summary of outreach efforts made since the last Title VI Program submission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient evaluated fare and major service changes and monitored transit service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited English Proficiency (LEP)	YES	NO	NA
9. In order to ensure meaningful access to programs and activities, transit providers shall use the information obtained in the Four Factor Analysis to determine the specific language services that are appropriate to provide. Were the following Four Factors (e.g. <i>Four Factor Analysis</i>) used to determine which language assistance services are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The frequency with which LEP persons come into contact with the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The nature and importance of the program, activity, or service provided by the program to people's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are vital documents (schedules, brochures, etc.) provided in languages other than English? Examples of vital documents include an ADA complementary paratransit eligibility application, a Title VI complaint form, notice of a person's rights under Title VI, and other documents that provide access to essential services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How are minority organizations/communities notified of public meetings, program opportunities, new or a change in service (i.e., hours of service, delivery points) using the media, city, and council representatives, etc.?).			

10. EQUAL EMPLOYMENT OPPORTUNITY

	YES	NO	NA
1. Does the sub-recipient employees 100 or more transit-related employees? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year? If so, is there an EEO program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient employees 50-99 transit-related employees? If so, is there an abbreviated EEO program? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Does the abbreviated EEO program include the following elements?			
• Statement of Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Policy Dissemination Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Designation of Personnel Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Assessment of Employees Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Monitoring and Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the required posters/materials listed below placed in conspicuous places (lunch rooms, building entry, lobby, etc.) and made available to employees and applicants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EEO Policy Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equal Employment Opportunity (EEO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family and Medical Leave Act (FMLA) of 1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Polygraph Protection Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fair Labor Standards Act (FLSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an EEO Program Plan in accordance with FTA Circular 4704.1 EEO and include the following elements:			
1. Designation of personnel responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workforce Utilization Analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Goals and timetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assessment of past employment practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proposed remedies for problem areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitoring and reporting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal EEO Plan requires designation of personnel responsibilities, a workforce analysis (including an identification of areas of underutilization), goals and timetables, an assessment of past employment practices, proposed remedies for problem areas, and a monitoring and reporting system.			
Underutilization Analysis. The purpose of the utilization analysis is to identify those job categories where underutilization and/or concentration of women or minorities exist in relation to their availability in the relevant labor market. It is also to establish the framework for goals and timetables and other affirmative actions to correct employment practices that may have contributed to any underutilization or concentration.			
5. Were specific percentage and numerical goals with timetables created to correct any underutilization of specific affected classes of persons identified in a workforce utilization analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were goals set in the previous submission met? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

11. DRUG AND ALCOHOL PROGRAM

Drug and Alcohol Policy	YES	NO	NA
1. Does the sub-recipient have a board-adopted drug and alcohol misuse policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a Drug and Alcohol testing program for safety sensitive employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is transit service subcontracted? If yes, how do you monitor subcontractors with safety sensitive employees to ensure drug and alcohol testing programs are administered in accordance with the regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			

4. Do contractors and subcontractors with safe sensitive employees have drug and alcohol testing programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the drug policy contain the following information:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval by governing board or other "final authority" for the subrecipient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity of contact person, office, or position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee categories to be tested – safety sensitive positions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing circumstances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing procedures – consistent with 49 CFR 40, as amended	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required participation by employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior that constitutes refusal to submit to a test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee who has a verified positive test result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee found to have an alcohol concentration of 0.02 or greater, but less than 0.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any program elements in addition to those required by FTA defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the sub-recipient maintain drug and alcohol program records in a secure location with controlled access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was drug awareness program performed in the past year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are drug test records maintained for specified period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do all medical review officers, substance abuse professionals, breath alcohol technicians, and collectors in the drug and alcohol testing program have the required qualifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have contractors, lessees, and subcontractors with safety-sensitive employees filed annual MIS reports with the recipient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have subrecipients with safety-sensitive employees filed annual MIS reports with the recipient?			
Drug-Free Workplace	YES	NO	NA
11. Does the sub-recipient have a written policy as prescribed by the Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
12. Is it distributed periodically to all employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the sub-recipient have an on-going drug awareness program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the sub-recipient ensure that all covered employee receive the required 60 minutes of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the recipient ensure that all supervisors or other officials responsible for making reasonable suspicion determinations receive the required 60 minutes of training on drug use and 60 minutes of training on alcohol misuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the sub-recipient notified its employees that the unlawful manufacture, distribution dispensing, possession, or use of a controlled substance is prohibited in the workplace? How? How are vendors monitored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
17. Have employees been notified of the dangers of drug abuse and any available drug counseling, rehabilitation, and employee assistance programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have they been notified of their responsibility to report any criminal drug statute conviction for a violation occurring in the workplace to the sub-recipient within five days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

19. Has the sub-recipient notified employees of the sanctions that they might be subject to for violation of the Drug-Free Workplace requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection Sites	YES	NO	NA
1. Does the sub-recipient have on file the qualifications for the following:			
A) Medical Review Officers (MROs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Substance Abuse Professionals (SAPs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Screening Test Technicians (STTs) Breath Alcohol Technicians (BATs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Collectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. SAFETY AND SECURITY - 5307 Sub-recipient

Security Expenditures	YES	NO	NA
1. Does the sub-recipient utilize one percent of its Section 5307 expenditures for transit security? If no, please explain why funds are not used for this purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the sub-recipient keep a log of all safety and security assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. PUBLIC COMMENT ON FARE INCREASES AND MAJOR SERVICE REDUCTIONS

Public Comment	YES	NO	NA
1. Does the sub-recipient have written procedures on fare increases or major services reductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the sub-recipient increased fares or had any major service reductions since the last review?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, did the sub-recipient follow its public comment procedures on fare increases and major service reductions (request copies of public notices related to fare increases and major service reductions).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Puerto Rico Highway and Transportation Authority (PRHTA)
Oversight REVIEW CHECKLIST

GENERAL INFORMATION

Sub-recipient Name: Municipality of Dorado

Funding Source: ☐ Section 5307 ☐ Section 5311 ☐ Both ☐ Other _____

Sub-recipient Representative: Jehini Ruiz

1 personnel conducting compliance visit: Norma d. Garcia

Date of compliance visit: _____

ORGANIZATIONAL

Brief description of Sub-recipient Service:

JTA ID: 40197
RTD ID: 4745
DUNS #: 90594631
MU-19322 } no
MU-19323 } fotos

1.0 Overview The PRHTA is responsible for monitoring sub-recipients and

contractors to ensure that all fiscal, federal, and programmatic responsibilities are fulfilled. The purpose of this Compliance Review report is to provide an internal control mechanism designed to review performance over a period of time and to evaluate compliance of sub-recipients and contractors funded with federal funds. Monitoring also allows jurisdictions to provide technical assistance to help subrecipients and contractors comply with applicable laws and regulations, improve technical skills, increase capacity and stay updated on regulations.

_____ Intermodal – Transit Division will be responsible for monitoring sub-recipients and contractors no less than twice per contract year and more often should it be necessary.

The review will include a physical on-site visit at the location where the sub-recipients and contractors maintain the project records.

Areas for monitoring sub-recipients and contractors shall include:

- | | |
|------------------------------------|----------------------------------|
| 1. Legal | 8. ADA |
| 2. Technical Capacity | 9. Title VI |
| 3. Financial Management | 10. Equal Employment Opportunity |
| 4. Procurement | 11. Drug and Alcohol Program |
| 5. DBE | 12. Safety and Security |
| 6. Satisfactory Continuing Control | 13. Public Comment |
| 7. Maintenance Program | |

Citation References. The _____ public transportation program operates under transit provisions including, but not limited to the following:

Federal Transit Administration (FTA): www.fta.dot.gov/

Code of Federal Regulations (CFR): www.access.gpo.gov/nara/cfr/cfr-table-search.html

United States Code (USC): www4.law.cornell.edu/uscode/

Process. The Compliance Monitoring and Site Visit process include the following:

1. **Pre-Site Visit Activities:** A copy of the document checklist and the Compliance Monitoring Questionnaire will be sent to sub-recipients prior to the scheduled site visit. **Sub-recipients will be asked to submit certain documents in advance as part of the desk review.** PRHTA Staff will review this documentation prior to the on-site compliance monitoring site/visit.
2. **Entrance Interview:** The entrance interview conveys the purpose and focus of the visit and to inform the sub-recipient of specific tasks to be completed during the visit, specifically activities outlined on the Compliance Questionnaire.
3. **Compliance Monitoring:** PRHTA staff will conduct on on-site visit to verify that documentation, policies and procedures supports the reviewer's observations and conclusions.
4. **Exit Interview:** The exit interview provides PRHTA and the sub-recipient an opportunity to review findings and/or provide the necessary recommendations to improve the administration of program(s).

REVIEW AREAS

1 LEGAL

Legal	YES	NO	NA
1. Is the sub-recipient designated as the body legally responsible for the overall organization, management and operation of the transportation system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have an authorizing resolution passed by a governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the sub-recipient promptly notified ____ and FTA of any legal matters that may affect the FTA? If yes, please list details including date, name of complainant and summary of allegation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the sub-recipient promptly notified ____ and FTA of any instances relating to false claims under the False Claims Act or fraud?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient use only non-appropriated funds for any lobbying activities and did the agency file the disclosure form to FTA?			
Comments:			

2 TECHNICAL CAPACITY

Sub-recipient Oversight	YES	NO	NA
1. Determine if the sub-recipient is eligible to receive assistance under federal award programs.: <input type="checkbox"/> Private non-profit organizations; <input checked="" type="checkbox"/> State or local governmental authorities; and <input type="checkbox"/> Operators of public transportation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a signed lobbying certification on file from sub-recipients entering into agreements exceeding \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Was the sub-recipient ever suspended, debarred, ineligible or voluntarily excluded from participation in federally assisted transactions or procurement before entering into agreements exceeding \$25,000? (Check SAM, Collect certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is sub-recipient compliant with federal requirements and performance goals, and provide for evaluation of sub-recipient risk of noncompliance with those requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Project Management - (TPO)	YES	NO	NA
5. Does the sub-recipient provide administrative and management oversight of project implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the sub-recipient monitor activities (technical inspection and supervision of construction project, technology project, planning projects) under the award to assure schedules are met and other performance goals are achieved? Has the sub-recipient maintain project work schedules? Does sub-recipient ensure conformity to applicable statutes, codes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What is the sub-recipient process for determining the applicability of, and ensuring compliance with, all Federal requirements? <i>Municipality / PRHTA</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are sub -recipient expenditures within the latest approved award budget? If projects are not on budget, what are the reasons justified in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there transit management or service contractors ? If yes , are there written policies, procedures and plans that address the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Site visit checklist(s)/reports, Vehicle/facility checklist reports applicable to FTA requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Standardized monitoring forms/processes that are consistent with FTA/____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timely notification on any significant issues follow up on findings and improvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of the individual responsible for conducting the monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the sub-recipient using force account labor for any FTA-funded capital project, did it comply with FTA requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Award Management	YES	NO	NA
7. Has the sub-recipient submitted milestone progress reports (MPRs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often is the sub-recipient required to submit MPRs? <i>Quarterly</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the MPR contain a narrative of activity status and any problems encountered in implementation, specification preparation, bid solicitation, resolution of protests, or third-party contract awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there were schedule changes, is there:			
• An explanation of why scheduled milestones or completion dates were not met?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Identification of problem areas and a narrative on how the problems will be solved?			
• A discussion of the expected impacts and the efforts to recover from the delays?			
11. Does the recipient ensure timely expenditure of funds and close out of awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

3. FINANCIAL MANAGEMENT

	YES	NO	NA
1. Does sub-recipient meet A- 133 threshold of \$750,000 across all Federal Programs? (If No, please skip to question 4 or 5 depending on program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have comprehensive policies and procedures in place for managing awards and internal control? Does the policies and procedures address internal control practices to prevent waste, loss and misuse of federal funds? Have policies and procedures been updated to reflect any changes to federal regulatory requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the sub-recipient conducted the required Single Audit, and submitted to ____? When? Choose date from calendar <u>Aug 2019 Ortiz, Rivera, Rivera and Co.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If there were findings in audits related to FTA or US DOT programs, was a copy of the audit and the SF-SAC submitted to the FTA regional office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If there were findings associated with the audit, has the sub-recipient completed a corrective action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has a 3 yrs – or longer financial plan been submitted to ____? (5307 Program only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the sub-recipient have financial resources to provide local share? Is the amount eligible for operating assistance calculated in compliance with FTA guidance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient receive operating assistance from FTA? Do amounts for which reimbursement is sought exclude ineligible costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient complied with requirements for charging indirect costs to FTA awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the sub-recipient charge indirect costs using the de minimus rate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Does the sub-recipient have an approved CAP and/or ICRP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Was the annual CAP and/or ICRP proposal submitted to the cognizant agency in accordance with the agency's requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are requests for reimbursements reviewed to ensure that only allowable expenses have been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

4. PROCUREMENT

Policies and Procedures	YES	NO	NA
1. Does the sub-recipient have written procurement policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer question #2			
2. Do procurement policies and procedures provide for and/or address the following:			
• Written standards of conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review of procurement requests to avoid duplicative or unnecessary purchases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written procurement history (rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written protest procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written selection procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Full and open competition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prohibition of geographic preferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DBE participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Contracts	YES	NO	NA
3. Does the sub-recipient ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Does the recipient conduct oversight of third party contractors to ensure performance in accordance with contract terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the recipient awarded revenue contracts during the review period did it use a competitive process for the award, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the recipient approve, evaluate, and document change orders to procurements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are contracts limited to five years for any rolling stock or replacement parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were any rolling stock or repair parts purchased? If yes, are term limits for each of these contracts less than or equal to five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were any other goods or services purchased? If yes, If the sub-recipient used micro-purchase procedures, was it done in accordance with requirements? b. If the sub-recipient used small purchase procedures, was it done in accordance with requirements? c. If the sub-recipient used sealed bid procedures, was it done in accordance with requirements? d. If the sub-recipient used competitive proposal procedures, was it done in accordance with requirements? e. Did the sub-recipient include written justification of any non-competitive or sole source procurements in the procurement file? f. If the sub-recipient had awarded a contract to a single bidder, did it appropriately determine that the item was available only from a single source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a cost or price analysis performed in connection with every procurement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the recipient procure A&E services in accordance with 49 U.S.C. §5325(b)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the recipient base the quantity or amount of options on its reasonably foreseeable need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the recipient evaluate option prices included in solicitations prior to contract award?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTA Required Clauses	YES	NO	NA
9. Did the sub-recipient include applicable federal clauses in FTA-funded procurements exceeding the micro-purchase limit and construction contracts over \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Did the recipient include required lobbying certifications in solicitations and receive signed certifications from contractors as part of bid responsiveness in procurements over \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. If the recipient included liquidated damages in its procurements, did it specify the rate in the contract, based on a calculation and rationale?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. DBE

Disadvantaged Business Enterprise (DBE)	YES	NO	NA
-----------------------------------------	-----	----	----

Did the organization receive more than \$250,000 in federal funds? If yes, did the sub-recipient submit a DBE Program for approval? Does the DBELO have direct and independent access to the CEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a Semi-Annual Form "Uniform Report of DBE Awards completed and forwarded to the ____ district by the prescribed reporting period? Reporting Period: May 15 (Oct. 1 - Mar 31) and Nov. 10 (April 1 - Sept. 30). Are the uniform reports completed accurately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For each of the past three completed Federal fiscal years, if the sub-recipient's DBE achievements (based on contract awards) were below the overall goal for the applicable year, did the sub-recipient complete the required shortfall analysis and corrective action plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can documentation ("good faith efforts") be presented that DBE's have had the maximum opportunity to compete for and perform contracts and subcontracts financed in whole or in part with FTA funds? Examples of Good Faith Efforts include, but not limited to: a. Ensuring DBE's are aware of contracting opportunities by advertising for DBE on your website, focus groups, meetings, news, events, journals, etc.; b. Soliciting disadvantaged businesses by fax, e-mail, and telephone; and Documenting proof of all good faith outreach performed by DBE Good Faith on your behalf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the sub-recipient certified that they have visited the work site and to ensure that work committed to DBEs is actually performed by DBEs? (49 CFR 26.37)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient submit its goal on time? Has the recipient implemented steps to meet the maximum feasible portion of its overall goal race-neutrally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

6. Satisfactory Continuing Control

	YES	NO	NA
1. Does the sub-recipient maintain adequate records on the status of real property and submit required reports and notifications to ____?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If real property was acquired, were all actions, including just compensation, property or properties under litigation, administrative settlements, and condemnation for each parcel reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the sub-recipient maintain control over FTA-funded equipment and ensure equipment and property are being used for its intended purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was equipment withdrawn from use and disposed of in accordance with 2 CFR 200 and FTA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the sub-recipient have incidental uses of any FTA-funded real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the sub-recipient follow FTA requirements for incidental use of real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are bus fleets managed in accordance with FTA requirements for spare ratios and contingency fleets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient have flood insurance for any FTA-funded buildings located in areas that have been identified as having special flood hazards and in which the sale of flood insurance has been made available under the National Flood Insurance Act of 1968	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Inventory	YES	NO	
8. When was the last physical inventory completed? Date: Choose date from calendar <i>February 2020</i>			
9. Have there been any changes to the status of real property and/or equipment since the last physical inventory? If yes, was _____ notified in writing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Was an accurate inventory list been provided to _____ as per checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Does sub-recipient meet the mandatory spare ratio of 20%? (If greater than 50 vehicles?) Spare Ratio = Total Peak Hour Vehicle Requirement/Spare Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. MAINTENANCE PROGRAM

	YES	NO	NA																				
1. Does the sub-recipient have a written maintenance plan for FTA-funded assets (Vehicles, facilities, and equipment) that includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Periodic preventive maintenance inspections and scheduled services, including wheelchair lifts, ramps, kneeler, public address systems, voice announcement systems, specific mission critical and safety items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Warranty compliance and recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Provisions for wheel-chair lifts and other accessible equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Management of maintenance resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Standards for maintenance subcontractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
2. Vehicle Inspections and Checklists – _____ staff will inspect maintenance logbooks with service schedules (based on fleet size) and respond to questions 13-17 outlined below.																							
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Inspection Sample Size</th> <th colspan="2">Inspection Summary</th> </tr> <tr> <th>Fleet size</th> <th>Log Books Inspected</th> <th>Inspected Logs</th> <th>Vehicle License Plate</th> </tr> </thead> <tbody> <tr> <td>1-5</td> <td>1</td> <td>1</td> <td><i>mu-19322</i></td> </tr> <tr> <td>6-15</td> <td>2</td> <td>2</td> <td><i>mu-19323</i></td> </tr> <tr> <td>16+</td> <td>3</td> <td>3</td> <td></td> </tr> </tbody> </table>				Inspection Sample Size		Inspection Summary		Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate	1-5	1	1	<i>mu-19322</i>	6-15	2	2	<i>mu-19323</i>	16+	3	3	
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16+	3	3																					
3. Are pre-trip inspections conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Does the PM plan describe the inspection procedures for each item listed on the inspection of servicing checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
5. Does the schedule indicate when (according to mileage or time) each service is scheduled to be performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
6. Does the schedule indicate the date/mileage when services were performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
7. Using the vehicle maintenance log with the service schedule and pre-trip inspection checklist compare when a service was due vs. when service was performed. Is the correlation reasonable? (10 percent +/-) Was the DVR accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
8. Are warranty claims pursued prior to seeking reimbursement from _____? What is the sub-recipients system for identifying and tracking warranty issues and recovering warranty claims? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Maintenance Procedures for Accessible Equipment	YES	NO	NA																				

9. When a lift is discovered to be inoperative, is the vehicle out of service and repaired before the beginning of the vehicle's next service day? <i>If there is no spare vehicle available to take the place of a vehicle with an inoperable lift, entity may keep the vehicle in service with an inoperable lift for no more than five days (if the entity serves an area of 50,000 or less population) or three days (if the entity serves an area of over 50,000 population) from the day on which the lift is discovered to be inoperative. CFR Part 37.163</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/Equipment Inspection	YES	NO	NA
10. Was a facility/equipment/real property purchased using FTA/____ funds? If yes, is there a facility/equipment maintenance program that include: a. An organization and assignment of responsibility for facility and equipment maintenance, and b. A series of inspections and routine maintenance actions designed to ensure proper care and maximize useful service life of facilities and equipment, and c. A record-keeping system that maintains adequate permanent records of maintenance and inspection activity for buildings and equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Resources	YES	NO	NA
11. Does the maintenance plan address the following?			
• Goals and objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate resources (Organizational structure, staffing levels, training, experience)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performance reports/maintenance management reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Review			
PRM staff will conduct random maintenance inspection of buses to ensure proper functionality.	<input checked="" type="checkbox"/>		

General Vehicle Condition Checklist (use only)

BUS # _____

1. Exterior condition (Paint Condition / Body Damage / Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

2. Lights, Mirrors, Glass (Breaks, Cracks, Not Functioning Lights)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

3. Interior (Upholstery, Safety Belts, Floor, Door Operation, Lights, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

4. Engine Running (Difficulty Starting, Excessive Noise, Visible Exhaust, Noticeable Odors (other than diesel exhaust), Evidence of Oil Leaks on Ground)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

5. Tires (Visibly worn, Sidewall Cuts or Cracks, Appear Under Inflated)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

6. Wheelchair Lift / Ramp (Operates Properly, No Exposed Hazards, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

7. PA System/ Voice Annunciation system (Operates Properly)

☐ Excellent

☐ Good

☐ Fair

☐ Poor

☐

Needs

Immediate

Attention

Comments:

8. Safety (loose items in driver and passenger compartment, etc.)

Comments: _____

The general vehicle condition checklist is attached at the end of this checklist

8. ADA

ADA-General	YES	NO	NA
1. Does the sub-recipient track, resolve, and respond to ADA-related complaints? Does the sub-recipient have procedures in place?	✓		
2. Do the procedures provide for the prompt and equitable resolution of complaints, including a procedure for responding to complaints and tracking the responses?	✓		
3. Have any ADA Complaints been filed with _____ or FTA?		✓	
4. Does the recipient retain ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years?	✓		
5. Does the sub-recipient monitor contracted service or service provided by another public entity on the sub-recipient's behalf for compliance with the U.S. Department of Transportation (US DOT) ADA regulations?			✓
6. Does the sub-recipient follow ADA provision of service requirements?	✓		
7. How does the sub-recipient implement the reasonable modification process?	✓		

Comments:

	YES	NO	NA
Securement, Lift, Availability and Access			
1. Does the sub-recipient accommodate individuals who rely on accessible equipment when that equipment is inoperative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a policy that covers the securement of mobility devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are publicized services made in accessible formats (i.e., large print, TOO, Braille, audio tape)? How does the sub-recipient honor the request for accessible formats?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a written policy on service animals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is adequate time allotted for the embarking and disembarking of passengers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the lift/kneel feature functional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Service Equivalency	YES	NO	NA
7. Is training provided to agency personnel and subcontractors for the safe operation of vehicles, accessibility equipment, and the proper treatment of persons with disabilities? Number of staff trained this year:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using the same type of service (i.e., fixed route, paratransit, demand response), is the fare and service provided to a disabled passenger the same as the fare that is charged to a non-disabled passenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are trips prioritized for any purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. How does the sub-recipient ensure there is no pattern or practice of trip denials? Untimely pick-ups? Missed trips? Excessively long trips?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How are trip denials recorded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities <i>Insurance - CP 200021415</i>	YES	NO	NA
13. Does the facility(s) have at least one accessible entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are bathrooms and water fountains provided and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are public and common use areas accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have any facilities been constructed or modified? If yes, were the modifications in accordance with 49 CFR Part 37, "ADA Accessibility Guidelines?"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ADA - Complementary Paratransit	YES	NO	NA
17. Is the sub-recipient a fixed route service provided? If no, skip questions 15-25. If yes, do you have a Complementary Para-transit Plan? When was the plan updated? Choose date from calendar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Does the recipient provide ADA complementary paratransit service to out-of-town visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. If the recipient has a no-show/late cancellation policy for ADA complementary paratransit service, does it meet the ADA complementary paratransit service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the recipient limit the availability of service to ADA paratransit eligible individuals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the sub-recipient's eligibility determination process meet ADA complementary paratransit service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Is there an appeals process? Does the process allow the applicant the opportunity to be heard and to present information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is next day service provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are trips scheduled within one hour of the requested trip time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are fares no more than twice the fixed route fare?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is service provided within 3/4 mile of fixed routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Is service available during the same hours and days as fixed route?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Does subscription service exceed 50 percent (unless there is non-subscription capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Route Deviation Service. To be considered demand responsive, the service must deviate for the general public, not just persons with disabilities. If deviations are restricted to a group, the service ceases to be a form of demand-responsive service for the general public.			<input checked="" type="checkbox"/>
31. Is general route deviation service open to the general public? Is route deviation service used as your method for demand-responsive service? If no, skip to question 28. If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Does the service deviate for people with and without disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the service publicly advertised as route deviation service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the service have characteristics similar to those of a demand responsive service? Examples include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Response time;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fares;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Geographic area of service;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hours and days of service;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Restrictions or priorities based on trip purpose;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Availability of information and reservations capability; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any constraints on capacity or service availability.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation Check			
33. Para staff should observe a minimum of one of the following sub-recipient functions. It is recommended the transit agency be contacted prior to completing any of the following:			
<input type="checkbox"/> Riding the service <input type="checkbox"/> Observing transit agency reservation service <input type="checkbox"/> Observing transit agency scheduling <input type="checkbox"/> Observing transit agency dispatching <input type="checkbox"/> Observing ADA complementary paratransit eligibility process			
Description of the observation results			
Comments:			

9. TITLE VI

		YES	NO	NA
Complaints and Lawsuits				
1. Are there complaint policies and procedures?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for filing complaints (organization name, phone numbers, etc.) readily accessible to riders, employees, and applicants?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were any transit related lawsuits/complaints filed within the past year? If yes, does the review of lawsuits/complaints denote a pattern of discrimination? If yes, provide the following information:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The date the lawsuit/complaint was filed				
The name and address of the complainant				
A summary of the allegation				
4. Are complaints documented and are they assigned to the appropriate transit staff for investigation?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do riders, employees, and applicants have the option to file a complaint with organizations other than the sub-recipient? If so, who:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is the name and title of the person in the organization responsible for ensuring Civil Rights requirements are fulfilled?				
Name: _____ Title <u>Human Resources</u>				
Title VI Program		YES	NO	NA
8. Does the sub-recipient have a Title VI Program consisting of the following elements:				
• Title VI Notice to the Public, including a list of locations where the notice is posted and the following contents:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. a statement that the agency operates programs without regard to race, color, or national origin;		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. a description of the procedures that members of the public should follow in order to request additional information on the recipient's Title VI obligations;		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a description of the procedures that members of the public shall follow in order to file a Title VI discrimination complaint against the recipient.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Form		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of transit-related Title VI investigations, complaints, and lawsuits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Participation Plan, including information about early and continuous outreach methods to engage minority and limited English proficient populations (LEP) in the identification of social, economic, and environmental impacts of proposed transportation decisions, as well as a summary of outreach efforts made since the last Title VI Program submission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Has the sub-recipient evaluated fare and major service changes and monitored transit service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Limited English Proficiency (LEP)	YES	NO	NA
9. In order to ensure meaningful access to programs and activities, transit providers shall use the information obtained in the Four Factor Analysis to determine the specific language services that are appropriate to provide. Were the following Four Factors (e.g. Four Factor Analysis) used to determine which language assistance services are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The frequency with which LEP persons come into contact with the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The nature and importance of the program, activity, or service provided by the program to people's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are vital documents (schedules, brochures, etc.) provided in languages other than English? Examples of vital documents include an ADA complementary paratransit eligibility application, a Title VI complaint form, notice of a person's rights under Title VI, and other documents that provide access to essential services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. How are minority organizations/communities notified of public meetings, program opportunities, new or a change in service (i.e., hours of service, delivery points) using the media, city, and council representatives, etc.?).			

10. EQUAL EMPLOYMENT OPPORTUNITY

	YES	NO	NA
1. Does the sub-recipient employees 100 or more transit-related employees? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year? If so, is there an EEO program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient employees 50-99 transit-related employees? If so, is there an abbreviated EEO program? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the abbreviated EEO program include the following elements?			
• Statement of Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Policy Dissemination Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Designation of Personnel Responsibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment of Employees Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monitoring and Reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the required posters/materials listed below placed in conspicuous places (lunch rooms, building entry, lobby, etc.) and made available to employees and applicants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EEO Policy Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equal Employment Opportunity (EEO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family and Medical Leave Act (FMLA) of 1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Polygraph Protection Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fair Labor Standards Act (FLSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an EEO Program Plan in accordance with FTA Circular 4704.1 EEO and include the following elements:			
1. Designation of personnel responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workforce Utilization Analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Goals and timetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assessment of past employment practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proposed remedies for problem areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitoring and reporting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal EEO Plan requires designation of personnel responsibilities, a workforce analysis (including an identification of areas of underutilization), goals and timetables, an assessment of past employment practices, proposed remedies for problem areas, and a monitoring and reporting system.			
Underutilization Analysis. The purpose of the utilization analysis is to identify those job categories where underutilization and/or concentration of women or minorities exist in relation to their availability in the relevant labor market. It is also to establish the framework for goals and timetables and other affirmative actions to correct employment practices that may have contributed to any underutilization or concentration.			
5. Were specific percentage and numerical goals with timetables created to correct any underutilization of specific affected classes of persons identified in a workforce utilization analysis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were goals set in the previous submission met? If not, explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

11. DRUG AND ALCOHOL PROGRAM *In review*

Drug and Alcohol Policy	YES	NO	NA
1. Does the sub-recipient have a board-adopted drug and alcohol misuse policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a Drug and Alcohol testing program for safety sensitive employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is transit service subcontracted? If yes, how do you monitor subcontractors with safety sensitive employees to ensure drug and alcohol testing programs are administered in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

4. Do contractors and subcontractors with safe sensitive employees have drug and alcohol testing programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the drug policy contain the following information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval by governing board or other "final authority" for the subrecipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity of contact person, office, or position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee categories to be tested – safety sensitive positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing procedures – consistent with 49 CFR 40, as amended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required participation by employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior that constitutes refusal to submit to a test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee who has a verified positive test result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee found to have an alcohol concentration of 0.02 or greater, but less than 0.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any program elements in addition to those required by FTA defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the sub-recipient maintain drug and alcohol program records in a secure location with controlled access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was drug awareness program performed in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are drug test records maintained for specified period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do all medical review officers, substance abuse professionals, breath alcohol technicians, and collectors in the drug and alcohol testing program have the required qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have contractors, lessees, and subcontractors with safety-sensitive employees filed annual MIS reports with the recipient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have subrecipients with safety-sensitive employees filed annual MIS reports with the recipient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-Free Workplace	YES	NO	NA
11. Does the sub-recipient have a written policy as prescribed by the Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
12. Is it distributed periodically to all employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the sub-recipient have an on-going drug awareness program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the sub-recipient ensure that all covered employee receive the required 60 minutes of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the recipient ensure that all supervisors or other officials responsible for making reasonable suspicion determinations receive the required 60 minutes of training on drug use and 60 minutes of training on alcohol misuse? <i>October 2019</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the sub-recipient notified its employees that the unlawful manufacture, distribution dispensing, possession, or use of a controlled substance is prohibited in the workplace? How? How are vendors monitored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
17. Have employees been notified of the dangers of drug abuse and any available drug counseling, rehabilitation, and employee assistance programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have they been notified of their responsibility to report any criminal drug statute conviction for a violation occurring in the workplace to the sub-recipient within five days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

19. Has the sub-recipient notified employees of the sanctions that they might be subject to for violation of the Drug-Free Workplace requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	NA
Collection Sites			
1. Does the sub-recipient have on file the qualifications for the following:			
A) Medical Review Officers (MROs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Substance Abuse Professionals (SAPs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Screening Test Technicians (STTs) Breath Alcohol Technicians (BATs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Collectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. SAFETY AND SECURITY - 5307 Sub-recipient

	YES	NO	NA
Security Expenditures			
1. Does the sub-recipient utilize one percent of its Section 5307 expenditures for transit security? If no, please explain why funds are not used for this purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the sub-recipient keep a log of all safety and security assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. PUBLIC COMMENT ON FARE INCREASES AND MAJOR SERVICE REDUCTIONS

	YES	NO	NA
Public Comment			
1. Does the sub-recipient have written procedures on fare increases or major services reductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the sub-recipient increased fares or had any major service reductions since the last review?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, did the sub-recipient follow its public comment procedures on fare increases and major service reductions (request copies of public notices related to fare increases and major service reductions).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Fy 2020



Puerto Rico Highway and Transportation Authority (PRHTA)
Oversight REVIEW CHECKLIST

GENERAL INFORMATION

Sub-recipient Name: Municipality of Aguadilla

Funding Source: ☐ Section 5307 ☐ Section 5311 ☐ Both ☐ Other _____

Sub-recipient Representative: Vivian Rivera

_____ personnel conducting compliance visit: Norma d. Garcia

Date of compliance visit: _____

ORGANIZATIONAL

Brief description of Sub-recipient Service:

1.0 Overview The PRHTA is responsible for monitoring sub-recipients and

contractors to ensure that all fiscal, federal, and programmatic responsibilities are fulfilled. The purpose of this Compliance Review report is to provide an internal control mechanism designed to review performance over a period of time and to evaluate compliance of sub-recipients and contractors funded with federal funds. Monitoring also allows jurisdictions to provide technical assistance to help subrecipients and contractors comply with applicable laws and regulations, improve technical skills, increase capacity and stay updated on regulations.

____ Intermodal – Transit Division will be responsible for monitoring sub-recipients and contractors no less than twice per contract year and more often should it be necessary.

The review will include a physical on-site visit at the location where the sub-recipients and contractors maintain the project records.

Areas for monitoring sub-recipients and contractors shall include:

- | | |
|------------------------------------|----------------------------------|
| 1. Legal | 8. ADA |
| 2. Technical Capacity | 9. Title VI |
| 3. Financial Management | 10. Equal Employment Opportunity |
| 4. Procurement | 11. Drug and Alcohol Program |
| 5. DBE | 12. Safety and Security |
| 6. Satisfactory Continuing Control | 13. Public Comment |
| 7. Maintenance Program | |

Citation References. The _____ public transportation program operates under transit provisions including, but not limited to the following:

Federal Transit Administration (FTA): www.fta.dot.gov/

Code of Federal Regulations (CFR): www.access.gpo.gov/nara/cfr/cfr-table-search.html

United States Code (USC): www4.law.cornell.edu/uscode/

Process. The Compliance Monitoring and Site Visit process include the following:

1. Pre-Site Visit Activities: A copy of the document checklist and the Compliance Monitoring Questionnaire will be sent to sub-recipients prior to the scheduled site visit. **Sub-recipients will be asked to submit certain documents in advance as part of the desk review.** PRHTA Staff will review this documentation prior to the on-site compliance monitoring site/visit.
2. Entrance Interview: The entrance interview conveys the purpose and focus of the visit and to inform the sub-recipient of specific tasks to be completed during the visit, specifically activities outlined on the Compliance Questionnaire.
3. Compliance Monitoring: PRHTA staff will conduct on on-site visit to verify that documentation, policies and procedures supports the reviewer's observations and conclusions.
4. Exit Interview: The exit interview provides PRHTA and the sub-recipient an opportunity to review findings and/or provide the necessary recommendations to improve the administration of program(s).

REVIEW AREAS

1 LEGAL

	YES	NO	NA
Legal			
1. Is the sub-recipient designated as the body legally responsible for the overall organization, management and operation of the transportation system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have an authorizing resolution passed by a governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the sub-recipient promptly notified WAPA and FTA of any legal matters that may affect the FTA? If yes, please list details including date, name of complainant and summary of allegation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the sub-recipient promptly notified WAPA and FTA of any instances relating to false claims under the False Claims Act or fraud?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient use only non-appropriated funds for any lobbying activities and did the agency file the disclosure form to FTA?			
Comments:			

2 TECHNICAL CAPACITY

	YES	NO	NA
Sub-recipient Oversight			
1. Determine if the sub-recipient is eligible to receive assistance under federal award programs.: <input type="checkbox"/> Private non-profit organizations; <input checked="" type="checkbox"/> State or local governmental authorities; and <input type="checkbox"/> Operators of public transportation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a signed lobbying certification on file from sub-recipients entering into agreements exceeding \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Was the sub-recipient ever suspended, debarred, ineligible or voluntarily excluded from participation in federally assisted transactions or procurement before entering into agreements exceeding \$25,000? (Check SAM, Collect certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is sub-recipient compliant with federal requirements and performance goals, and provide for evaluation of sub-recipient risk of noncompliance with those requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Project Management - (TPO)			
5. Does the sub-recipient provide administrative and management oversight of project implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the sub-recipient monitor activities (technical inspection and supervision of construction project, technology project, planning projects) under the award to assure schedules are met and other performance goals are achieved? Has the sub-recipient maintain project work schedules? Does sub-recipient ensure conformity to applicable statutes, codes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What is the sub-recipient process for determining the applicability of, and ensuring compliance with, all Federal requirements? <i>Municipality / PBHTA</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are sub -recipient expenditures within the latest approved award budget? If projects are not on budget, what are the reasons justified in writing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Are there transit management or service contractors ? If yes , are there written policies, procedures and plans that address the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Site visit checklist(s)/reports, Vehicle/facility checklist reports applicable to FTA requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Standardized monitoring forms/processes that are consistent with FTA/____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timely notification on any significant issues follow up on findings and improvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of the individual responsible for conducting the monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the sub-recipient using force account labor for any FTA-funded capital project, did it comply with FTA requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Award Management	YES	NO	NA
7. Has the sub-recipient submitted milestone progress reports (MPRs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often is the sub-recipient required to submit MPRs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the MPR contain a narrative of activity status and any problems encountered in implementation, specification preparation, bid solicitation, resolution of protests, or third-party contract awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there were schedule changes, is there:			
• An explanation of why scheduled milestones or completion dates were not met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of problem areas and a narrative on how the problems will be solved?			
• A discussion of the expected impacts and the efforts to recover from the delays?			
11. Does the recipient ensure timely expenditure of funds and close out of awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

3. FINANCIAL MANAGEMENT

	YES	NO	NA
1. Does sub-recipient meet A- 133 threshold of \$750,000 across all Federal Programs? (If No, please skip to question 4 or 5 depending on program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have comprehensive policies and procedures in place for managing awards and internal control? Does the policies and procedures address internal control practices to prevent waste, loss and misuse of federal funds? Have policies and procedures been updated to reflect any changes to federal regulatory requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the sub-recipient conducted the required Single Audit, and submitted to ____? When? Choose date from calendar <i>fy 2019</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If there were findings in audits related to FTA or US DOT programs, was a copy of the audit and the SF-SAC submitted to the FTA regional office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If there were findings associated with the audit, has the sub-recipient completed a corrective action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has a 3 yrs – or longer financial plan been submitted to ____? (5307 Program only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the sub-recipient have financial resources to provide local share? Is the amount eligible for operating assistance calculated in compliance with FTA guidance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient receive operating assistance from FTA? Do amounts for which reimbursement is sought exclude ineligible costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient complied with requirements for charging indirect costs to FTA awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the sub-recipient charge indirect costs using the de minimus rate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Does the sub-recipient have an approved CAP and/or ICRP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Was the annual CAP and/or ICRP proposal submitted to the cognizant agency in accordance with the agency's requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are requests for reimbursements reviewed to ensure that only allowable expenses have been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

4. PROCUREMENT

Policies and Procedures	YES	NO	NA
1. , Does the sub-recipient have written procurement policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer question #2			
2. Do procurement policies and procedures provide for and/or address the following:			
• Written standards of conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review of procurement requests to avoid duplicative or unnecessary purchases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written procurement history (rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written protest procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written selection procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Full and open competition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prohibition of geographic preferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DBE participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Contracts	YES	NO	NA
3. Does the sub-recipient ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Does the recipient conduct oversight of third party contractors to ensure performance in accordance with contract terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. If the recipient awarded revenue contracts during the review period did it use a competitive process for the award, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Did the recipient approve, evaluate, and document change orders to procurements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are contracts limited to five years for any rolling stock or replacement parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Were any rolling stock or repair parts purchased? If yes, are term limits for each of these contracts less than or equal to five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Were any other goods or services purchased? If yes, If the sub-recipient used micro-purchase procedures, was it done in accordance with requirements? b. If the sub-recipient used small purchase procedures, was it done in accordance with requirements? c. If the sub-recipient used sealed bid procedures, was it done in accordance with requirements? d. If the sub-recipient used competitive proposal procedures, was it done in accordance with requirements? e. Did the sub-recipient include written justification of any non-competitive or sole source procurements in the procurement file? f. If the sub-recipient had awarded a contract to a single bidder, did it appropriately determine that the item was available only from a single source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Is a cost or price analysis performed in connection with every procurement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the recipient procure A&E services in accordance with 49 U.S.C. §5325(b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the recipient base the quantity or amount of options on its reasonably foreseeable need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Did the recipient evaluate option prices included in solicitations prior to contract award?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FTA Required Clauses	YES	NO	NA
9. Did the sub-recipient include applicable federal clauses in FTA-funded procurements exceeding the micro-purchase limit and construction contracts over \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Did the recipient include required lobbying certifications in solicitations and receive signed certifications from contractors as part of bid responsiveness in procurements over \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. If the recipient included liquidated damages in its procurements, did it specify the rate in the contract, based on a calculation and rationale?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. DBE

Disadvantaged Business Enterprise (DBE)	YES	NO	NA
-----------------------------------------	-----	----	----

Did the organization receive more than \$250,000 in federal funds? If yes, did the sub-recipient submit a DBE Program for approval? Does the DBELO have direct and independent access to the CEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a Semi-Annual Form "Uniform Report of DBE Awards completed and forwarded to the ____ district by the prescribed reporting period? Reporting Period: May 15 (Oct. 1 - Mar 31) and Nov. 10 (April 1 - Sept. 30). Are the uniform reports completed accurately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For each of the past three completed Federal fiscal years, if the sub-recipient's DBE achievements (based on contract awards) were below the overall goal for the applicable year, did the sub-recipient complete the required shortfall analysis and corrective action plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can documentation ("good faith efforts") be presented that DBE's have had the maximum opportunity to compete for and perform contracts and subcontracts financed in whole or in part with FTA funds? Examples of Good Faith Efforts include, but not limited to: a. Ensuring DBE's are aware of contracting opportunities by advertising for DBE on your website, focus groups, meetings, news, events, journals, etc.; b. Soliciting disadvantaged businesses by fax, e-mail, and telephone; and Documenting proof of all good faith outreach performed by DBE Good Faith on your behalf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the sub-recipient certified that they have visited the work site and to ensure that work committed to DBEs is actually performed by DBEs? (49 CFR 26.37)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient submit its goal on time? Has the recipient implemented steps to meet the maximum feasible portion of its overall goal race-neutrally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

6. Satisfactory Continuing Control

	YES	NO	NA
1. Does the sub -recipient maintain adequate records on the status of real property and submit required reports and notifications to ____?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If real property was acquired, were all actions, including just compensation, property or properties under litigation, administrative settlements, and condemnation for each parcel reported?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the sub- recipient maintain control over FTA-funded equipment and ensure equipment and property are being used for its intended purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was equipment withdrawn from use and disposed of in accordance with 2 CFR 200 and FTA requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the sub-recipient have incidental uses of any FTA-funded real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the sub-recipient follow FTA requirements for incidental use of real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are bus fleets managed in accordance with FTA requirements for spare ratios and contingency fleets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient have flood insurance for any FTA-funded buildings located in areas that have been identified as having special flood hazards and in which the sale of flood insurance has been made available under the National Flood Insurance Act of 1968	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Inventory	YES	NO	
8. When was the last physical inventory completed? Date: Choose date from calendar			
9. Have there been any changes to the status of real property and/or equipment since the last physical inventory? If yes, was _____ notified in writing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Was an accurate inventory list been provided to _____ as per checklist?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Does sub-recipient meet the mandatory spare ratio of 20%? (If greater than 50 vehicles?) Spare Ratio = Total Peak Hour Vehicle Requirement/Spare Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. MAINTENANCE PROGRAM

	YES	NO	NA																				
1. Does the sub-recipient have a written maintenance plan for FTA-funded assets (Vehicles, facilities, and equipment) that includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Periodic preventive maintenance inspections and scheduled services, including wheelchair lifts, ramps, kneeler, public address systems, voice annunciation systems, specific mission critical and safety items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Warranty compliance and recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Provisions for wheel-chair lifts and other accessible equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Management of maintenance resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Standards for maintenance subcontractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
2. Vehicle Inspections and Checklists – _____ staff will inspect maintenance logbooks with service schedules (based on fleet size) and respond to questions 13-17 outlined below.																							
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Inspection Sample Size</th> <th colspan="2">Inspection Summary</th> </tr> <tr> <th>Fleet size</th> <th>Log Books Inspected</th> <th>Inspected Logs</th> <th>Vehicle License Plate</th> </tr> </thead> <tbody> <tr> <td>1-5</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>6-15</td> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>16+</td> <td>3</td> <td>3</td> <td></td> </tr> </tbody> </table>				Inspection Sample Size		Inspection Summary		Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate	1-5	1	1		6-15	2	2		16+	3	3	
Inspection Sample Size		Inspection Summary																					
Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate																				
1-5	1	1																					
6-15	2	2																					
16+	3	3																					
3. Are pre-trip inspections conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Does the PM plan describe the inspection procedures for each item listed on the inspection of servicing checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
5. Does the schedule indicate when (according to mileage or time) each service is scheduled to be performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
6. Does the schedule indicate the date/mileage when services were performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
7. Using the vehicle maintenance log with the service schedule and pre-trip inspection checklist compare when a service was due vs. when service was performed. Is the correlation reasonable? (10 percent +/-) Was the DVR accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
8. Are warranty claims pursued prior to seeking reimbursement from _____? What is the sub-recipients system for identifying and tracking warranty issues and recovering warranty claims? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Maintenance Procedures for Accessible Equipment	YES	NO	NA																				

9. When a lift is discovered to be inoperative, is the vehicle out of service and repaired before the beginning of the vehicle's next service day? <i>If there is no spare vehicle available to take the place of a vehicle with an inoperable lift, entity may keep the vehicle in service with an inoperable lift for no more than five days (if the entity serves an area of 50,000 or less population) or three days (if the entity serves an area of over 50,000 population) from the day on which the lift is discovered to be inoperative. CFR Part 37.163</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/Equipment Inspection	YES	NO	NA
10. Was a facility/equipment/real property purchased using FTA/____ funds? If yes, is there a facility/equipment maintenance program that include: a. An organization and assignment of responsibility for facility and equipment maintenance, and b. A series of inspections and routine maintenance actions designed to ensure proper care and maximize useful service life of facilities and equipment, and c. A record-keeping system that maintains adequate permanent records of maintenance and inspection activity for buildings and equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Resources	YES	NO	NA
11. Does the maintenance plan address the following?			
• Goals and objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate resources (Organizational structure, staffing levels, training, experience)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performance reports/maintenance management reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Review			
____ staff will conduct random maintenance inspection of buses to ensure proper functionality.	<input checked="" type="checkbox"/>		

General Vehicle Condition Checklist (____ use only)

BUS # _____

1. Exterior condition (Paint Condition / Body Damage / Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

2. Lights, Mirrors, Glass (Breaks, Cracks, Not Functioning Lights)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

3. Interior (Upholstery, Safety Belts, Floor, Door Operation, Lights, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

4. Engine Running (Difficulty Starting, Excessive Noise, Visible Exhaust, Noticeable Odors (other than diesel exhaust), Evidence of Oil Leaks on Ground)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

5. Tires (Visibly worn, Sidewall Cuts or Cracks, Appear Under Inflated)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

6. Wheelchair Lift / Ramp (Operates Properly, No Exposed Hazards, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

7. PA System/ Voice Annunciation system (Operates Properly)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate Attention

Comments:

8. Safety (loose items in driver and passenger compartment, etc.)

Comments: _____

The municipality of Aguadilla had vehicles.
The general vehicles condition checklist is attached
at the end of this checklist

8. ADA

ADA-General	YES	NO	NA
1. Does the sub-recipient track, resolve, and respond to ADA-related complaints? Does the sub-recipient have procedures in place?			
2. Do the procedures provide for the prompt and equitable resolution of complaints, including a procedure for responding to complaints and tracking the responses?			
3. Have any ADA Complaints been filed with _____ or FTA?			
4. Does the recipient retain ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years?			
5. Does the sub-recipient monitor contracted service or service provided by another public entity on the sub-recipient's behalf for compliance with the U.S. Department of Transportation (US DOT) ADA regulations?			
6. Does the sub-recipient follow ADA provision of service requirements?			
7. How does the sub-recipient implement the reasonable modification process?			

Comments:

	YES	NO	NA
Securement, Lift, Availability and Access			
1. Does the sub-recipient accommodate individuals who rely on accessible equipment when that equipment is inoperative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a policy that covers the securement of mobility devices?			
3. Are publicized services made in accessible formats (i.e., large print, TOO, Braille, audio tape)? How does the sub-recipient honor the request for accessible formats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a written policy on service animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is adequate time allotted for the embarking and disembarking of passengers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the lift/kneel feature functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Service Equivalency	YES	NO	NA
7. Is training provided to agency personnel and subcontractors for the safe operation of vehicles, accessibility equipment, and the proper treatment of persons with disabilities? Number of staff trained this year:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using the same type of service (i.e., <i>fixed route, paratransit, demand response</i>), is the fare and service provided to a disabled passenger the same as the fare that is charged to a non-disabled passenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are trips prioritized for any purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How does the sub-recipient ensure there is no pattern or practice of trip denials? Untimely pick-ups? Missed trips? Excessively long trips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How are trip denials recorded?			
Facilities	YES	NO	NA
13. Does the facility(s) have at least one accessible entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are bathrooms and water fountains provided and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are public and common use areas accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have any facilities been constructed or modified? If yes, were the modifications in accordance with 49 CFR Part 37, "ADA Accessibility Guidelines?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADA - Complementary Paratransit	YES	NO	NA
17. Is the sub-recipient a fixed route service provided? If no, skip questions 15-25. If yes, do you have a Complementary Para-transit Plan? When was the plan updated? Choose date from calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the recipient provide ADA complementary paratransit service to out-of-town visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. If the recipient has a no-show/late cancellation policy for ADA complementary paratransit service, does it meet the ADA complementary paratransit service requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the recipient limit the availability of service to ADA paratransit eligible individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the sub-recipient's eligibility determination process meet ADA complementary paratransit service requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Is there an appeals process? Does the process allow the applicant the opportunity to be heard and to present information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is next day service provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are trips scheduled within one hour of the requested trip time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are fares no more than twice the fixed route fare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is service provided within 3/4 mile of fixed routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is service available during the same hours and days as fixed route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does subscription service exceed 50 percent (unless there is non-subscription capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Route Deviation Service. To be considered demand responsive, the service must deviate for the general public, not just persons with disabilities. If deviations are restricted to a group, the service ceases to be a form of demand-responsive service for the general public.			
31. Is general route deviation service open to the general public? Is route deviation service used as your method for demand-responsive service? If no, skip to question 28. If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the service deviate for people with and without disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the service publicly advertised as route deviation service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the service have characteristics similar to those of a demand responsive service? Examples include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Response time;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fares;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Geographic area of service;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hours and days of service;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Restrictions or priorities based on trip purpose;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Availability of information and reservations capability; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any constraints on capacity or service availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation Check			
33. Why staff should observe a minimum of one of the following sub-recipient functions. It is recommended the transit agency be contacted prior to completing any of the following:			
<input type="checkbox"/> Riding the service <input type="checkbox"/> Observing transit agency reservation service <input type="checkbox"/> Observing transit agency scheduling <input type="checkbox"/> Observing transit agency dispatching <input type="checkbox"/> Observing ADA complementary paratransit eligibility process			
Description of the observation results			
Comments:			

9. TITLE VI

Complaints and Lawsuits	YES	NO	NA
1. Are there complaint policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for filing complaints (organization name, phone numbers, etc.) readily accessible to riders, employees, and applicants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were any transit related lawsuits/complaints filed within the past year? If yes, does the review of lawsuits/complaints denote a pattern of discrimination? If yes, provide the following information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The date the lawsuit/complaint was filed			
The name and address of the complainant			
A summary of the allegation			
4. Are complaints documented and are they assigned to the appropriate transit staff for investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do riders, employees, and applicants have the option to file a complaint with organizations other than the sub-recipient? If so, who:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is the name and title of the person in the organization responsible for ensuring Civil Rights requirements are fulfilled? Name: _____ Title: _____			
Title VI Program	YES	NO	NA
8. Does the sub-recipient have a Title VI Program consisting of the following elements:			
• Title VI Notice to the Public, including a list of locations where the notice is posted and the following contents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. a statement that the agency operates programs without regard to race, color, or national origin;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. a description of the procedures that members of the public should follow in order to request additional information on the recipient's Title VI obligations;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a description of the procedures that members of the public shall follow in order to file a Title VI discrimination complaint against the recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of transit-related Title VI investigations, complaints, and lawsuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Participation Plan, including information about early and continuous outreach methods to engage minority and limited English proficient populations (LEP) in the identification of social, economic, and environmental impacts of proposed transportation decisions, as well as a summary of outreach efforts made since the last Title VI Program submission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient evaluated fare and major service changes and monitored transit service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited English Proficiency (LEP)	YES	NO	NA
9. In order to ensure meaningful access to programs and activities, transit providers shall use the information obtained in the Four Factor Analysis to determine the specific language services that are appropriate to provide. Were the following Four Factors (e.g. <i>Four Factor Analysis</i>) used to determine which language assistance services are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The frequency with which LEP persons come into contact with the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The nature and importance of the program, activity, or service provided by the program to people's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are vital documents (schedules, brochures, etc.) provided in languages other than English? Examples of vital documents include an ADA complementary paratransit eligibility application, a Title VI complaint form, notice of a person's rights under Title VI, and other documents that provide access to essential services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How are minority organizations/communities notified of public meetings, program opportunities, new or a change in service (i.e., hours of service, delivery points) using the media, city, and council representatives, etc.?).			

10. EQUAL EMPLOYMENT OPPORTUNITY

	YES	NO	NA
1. Does the sub-recipient employees 100 or more transit-related employees? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year? If so, is there an EEO program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient employees 50-99 transit-related employees? If so, is there an abbreviated EEO program? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Does the abbreviated EEO program include the following elements?			
• Statement of Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Policy Dissemination Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Designation of Personnel Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Assessment of Employees Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

• Monitoring and Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the required posters/materials listed below placed in conspicuous places (lunch rooms, building entry, lobby, etc.) and made available to employees and applicants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EEO Policy Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equal Employment Opportunity (EEO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family and Medical Leave Act (FMLA) of 1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Polygraph Protection Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fair Labor Standards Act (FLSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an EEO Program Plan in accordance with FTA Circular 4704.1 EEO and include the following elements:			
1. Designation of personnel responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workforce Utilization Analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Goals and timetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assessment of past employment practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proposed remedies for problem areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitoring and reporting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal EEO Plan requires designation of personnel responsibilities, a workforce analysis (including an identification of areas of underutilization), goals and timetables, an assessment of past employment practices, proposed remedies for problem areas, and a monitoring and reporting system.			
Underutilization Analysis. The purpose of the utilization analysis is to identify those job categories where underutilization and/or concentration of women or minorities exist in relation to their availability in the relevant labor market. It is also to establish the framework for goals and timetables and other affirmative actions to correct employment practices that may have contributed to any underutilization or concentration.			
5. Were specific percentage and numerical goals with timetables created to correct any underutilization of specific affected classes of persons identified in a workforce utilization analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were goals set in the previous submission met? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

11. DRUG AND ALCOHOL PROGRAM

Drug and Alcohol Policy	YES	NO	NA
1. Does the sub-recipient have a board-adopted drug and alcohol misuse policy?			
2. Is there a Drug and Alcohol testing program for safety sensitive employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is transit service subcontracted? If yes, how do you monitor subcontractors with safety sensitive employees to ensure drug and alcohol testing programs are administered in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Need new Drugs and Alcohol Policy The last version was 2000.</i>			

4. Do contractors and subcontractors with safe sensitive employees have drug and alcohol testing programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the drug policy contain the following information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval by governing board or other "final authority" for the subrecipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity of contact person, office, or position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee categories to be tested – safety sensitive positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing procedures – consistent with 49 CFR 40, as amended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required participation by employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior that constitutes refusal to submit to a test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee who has a verified positive test result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee found to have an alcohol concentration of 0.02 or greater, but less than 0.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any program elements in addition to those required by FTA defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the sub-recipient maintain drug and alcohol program records in a secure location with controlled access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was drug awareness program performed in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are drug test records maintained for specified period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do all medical review officers, substance abuse professionals, breath alcohol technicians, and collectors in the drug and alcohol testing program have the required qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have contractors, lessees, and subcontractors with safety-sensitive employees filed annual MIS reports with the recipient? Have subrecipients with safety-sensitive employees filed annual MIS reports with the recipient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-Free Workplace	YES	NO	NA
11. Does the sub-recipient have a written policy as prescribed by the Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
12. Is it distributed periodically to all employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the sub-recipient have an on-going drug awareness program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the sub-recipient ensure that all covered employee receive the required 60 minutes of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the recipient ensure that all supervisors or other officials responsible for making reasonable suspicion determinations receive the required 60 minutes of training on drug use and 60 minutes of training on alcohol misuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the sub-recipient notified its employees that the unlawful manufacture, distribution dispensing, possession, or use of a controlled substance is prohibited in the workplace? How? How are vendors monitored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
17. Have employees been notified of the dangers of drug abuse and any available drug counseling, rehabilitation, and employee assistance programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have they been notified of their responsibility to report any criminal drug statute conviction for a violation occurring in the workplace to the sub-recipient within five days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

19. Has the sub-recipient notified employees of the sanctions that they might be subject to for violation of the Drug-Free Workplace requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection Sites	YES	NO	NA
1. Does the sub-recipient have on file the qualifications for the following:			
A) Medical Review Officers (MROs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Substance Abuse Professionals (SAPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Screening Test Technicians (STTs) Breath Alcohol Technicians (BATs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. SAFETY AND SECURITY - 5307 Sub-recipient

Security Expenditures	YES	NO	NA
1. Does the sub-recipient utilize one percent of its Section 5307 expenditures for transit security? If no, please explain why funds are not used for this purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient keep a log of all safety and security assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. PUBLIC COMMENT ON FARE INCREASES AND MAJOR SERVICE REDUCTIONS

Public Comment	YES	NO	NA
1. Does the sub-recipient have written procedures on fare increases or major services reductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the sub-recipient increased fares or had any major service reductions since the last review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the sub-recipient follow its public comment procedures on fare increases and major service reductions (request copies of public notices related to fare increases and major service reductions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Puerto Rico Highway and Transportation Authority (PRHTA)
Oversight REVIEW CHECKLIST

GENERAL INFORMATION

Sub-recipient Name: Municipality of San Sebastián

Funding Source: ☐ Section 5307 ☐ Section 5311 ☐ Both ☐ Other _____

Sub-recipient Representative: Mauriza Ruiz

_____ personnel conducting compliance visit: Norma A. Guevara

Date of compliance visit: _____

ORGANIZATIONAL

Brief description of Sub-recipient Service:

Vehicles 5310/5301/5339
Public Terminal under construction (insurance # 68524514)
JTA ID: 2027
SPMS #: 805980752 (14-junio-2021)

1.0 Overview The PRHTA is responsible for monitoring sub-recipients and

contractors to ensure that all fiscal, federal, and programmatic responsibilities are fulfilled. The purpose of this Compliance Review report is to provide an internal control mechanism designed to review performance over a period of time and to evaluate compliance of sub-recipients and contractors funded with federal funds. Monitoring also allows jurisdictions to provide technical assistance to help subrecipients and contractors comply with applicable laws and regulations, improve technical skills, increase capacity and stay updated on regulations.

_____ Intermodal – Transit Division will be responsible for monitoring sub-recipients and contractors no less than twice per contract year and more often should it be necessary.

The review will include a physical on-site visit at the location where the sub-recipients and contractors maintain the project records.

Areas for monitoring sub-recipients and contractors shall include:

- | | |
|------------------------------------|----------------------------------|
| 1. Legal | 8. ADA |
| 2. Technical Capacity | 9. Title VI |
| 3. Financial Management | 10. Equal Employment Opportunity |
| 4. Procurement | 11. Drug and Alcohol Program |
| 5. DBE | 12. Safety and Security |
| 6. Satisfactory Continuing Control | 13. Public Comment |
| 7. Maintenance Program | |

Citation References. The _____ public transportation program operates under transit provisions including, but not limited to the following:

Federal Transit Administration (FTA): www.fta.dot.gov/

Code of Federal Regulations (CFR): www.access.gpo.gov/nara/cfr/cfr-table-search.html

United States Code (USC): www4.law.cornell.edu/uscode/

Process. The Compliance Monitoring and Site Visit process include the following:

1. Pre-Site Visit Activities: A copy of the document checklist and the Compliance Monitoring Questionnaire will be sent to sub-recipients prior to the scheduled site visit. **Sub-recipients will be asked to submit certain documents in advance as part of the desk review.** PRHTA Staff will review this documentation prior to the on-site compliance monitoring site/visit.
2. Entrance Interview: The entrance interview conveys the purpose and focus of the visit and to inform the sub-recipient of specific tasks to be completed during the visit, specifically activities outlined on the Compliance Questionnaire.
3. Compliance Monitoring: PRHTA staff will conduct on on-site visit to verify that documentation, policies and procedures supports the reviewer's observations and conclusions.
4. Exit Interview: The exit interview provides PRHTA and the sub-recipient an opportunity to review findings and/or provide the necessary recommendations to improve the administration of program(s).

REVIEW AREAS

1 LEGAL

Legal	YES	NO	NA
1. Is the sub-recipient designated as the body legally responsible for the overall organization, management and operation of the transportation system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have an authorizing resolution passed by a governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the sub-recipient promptly notified WITA and FTA of any legal matters that may affect the FTA? If yes, please list details including date, name of complainant and summary of allegation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Did the sub-recipient promptly notified WITA and FTA of any instances relating to false claims under the False Claims Act or fraud?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Did the sub-recipient use only non-appropriated funds for any lobbying activities and did the agency file the disclosure form to FTA?			<input checked="" type="checkbox"/>
Comments:			

2 TECHNICAL CAPACITY

Sub-recipient Oversight	YES	NO	NA
1. Determine if the sub-recipient is eligible to receive assistance under federal award programs.: <input type="checkbox"/> Private non-profit organizations; <input checked="" type="checkbox"/> State or local governmental authorities; and <input type="checkbox"/> Operators of public transportation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a signed lobbying certification on file from sub-recipients entering into agreements exceeding \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Was the sub-recipient ever suspended, debarred, ineligible or voluntarily excluded from participation in federally assisted transactions or procurement before entering into agreements exceeding \$25,000? (Check SAM, Collect certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is sub-recipient compliant with federal requirements and performance goals, and provide for evaluation of sub-recipient risk of noncompliance with those requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Project Management - (TPO)	YES	NO	NA
5. Does the sub-recipient provide administrative and management oversight of project implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the sub-recipient monitor activities (technical inspection and supervision of construction project, technology project, planning projects) under the award to assure schedules are met and other performance goals are achieved? Has the sub-recipient maintain project work schedules? Does sub-recipient ensure conformity to applicable statutes, codes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What is the sub-recipient process for determining the applicability of, and ensuring compliance with, all Federal requirements? <i>Municipality / PRHTA</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are sub -recipient expenditures within the latest approved award budget? If projects are not on budget, what are the reasons justified in writing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there transit management or service contractors ? If yes , are there written policies, procedures and plans that address the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Site visit checklist(s)/reports, Vehicle/facility checklist reports applicable to FTA requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Standardized monitoring forms/processes that are consistent with FTA/ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Timely notification on any significant issues follow up on findings and improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Identification of the individual responsible for conducting the monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the sub-recipient using force account labor for any FTA-funded capital project, did it comply with FTA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			
Award Management	YES	NO	NA
7. Has the sub-recipient submitted milestone progress reports (MPRs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often is the sub-recipient required to submit MPRs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the MPR contain a narrative of activity status and any problems encountered in implementation, specification preparation, bid solicitation, resolution of protests, or third-party contract awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there were schedule changes, is there: • An explanation of why scheduled milestones or completion dates were not met? • Identification of problem areas and a narrative on how the problems will be solved? • A discussion of the expected impacts and the efforts to recover from the delays?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the recipient ensure timely expenditure of funds and close out of awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

3. FINANCIAL MANAGEMENT

	YES	NO	NA
1. Does sub-recipient meet A- 133 threshold of \$750,000 across all Federal Programs? (If No, please skip to question 4 or 5 depending on program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have comprehensive policies and procedures in place for managing awards and internal control? Does the policies and procedures address internal control practices to prevent waste, loss and misuse of federal funds? Have policies and procedures been updated to reflect any changes to federal regulatory requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the sub-recipient conducted the required Single Audit, and submitted to ____? When? Choose date from calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If there were findings in audits related to FTA or US DOT programs, was a copy of the audit and the SF-SAC submitted to the FTA regional office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If there were findings associated with the audit, has the sub-recipient completed a corrective action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has a 3 yrs – or longer financial plan been submitted to ____? (5307 Program only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the sub-recipient have financial resources to provide local share? Is the amount eligible for operating assistance calculated in compliance with FTA guidance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient receive operating assistance from FTA? Do amounts for which reimbursement is sought exclude ineligible costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient complied with requirements for charging indirect costs to FTA awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the sub-recipient charge indirect costs using the de minimus rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Does the sub-recipient have an approved CAP and/or ICRP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Was the annual CAP and/or ICRP proposal submitted to the cognizant agency in accordance with the agency's requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are requests for reimbursements reviewed to ensure that only allowable expenses have been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

4. PROCUREMENT

Policies and Procedures	YES	NO	NA
1. Does the sub-recipient have written procurement policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer question #2			
2. Do procurement policies and procedures provide for and/or address the following:			
• Written standards of conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review of procurement requests to avoid duplicative or unnecessary purchases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written procurement history (rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written protest procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written selection procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Full and open competition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prohibition of geographic preferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DBE participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Contracts	YES	NO	NA
3. Does the sub-recipient ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Does the recipient conduct oversight of third party contractors to ensure performance in accordance with contract terms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the recipient awarded revenue contracts during the review period did it use a competitive process for the award, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the recipient approve, evaluate, and document change orders to procurements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are contracts limited to five years for any rolling stock or replacement parts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were any rolling stock or repair parts purchased? If yes, are term limits for each of these contracts less than or equal to five years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were any other goods or services purchased? If yes, If the sub-recipient used micro-purchase procedures, was it done in accordance with requirements? b. If the sub-recipient used small purchase procedures, was it done in accordance with requirements? c. If the sub-recipient used sealed bid procedures, was it done in accordance with requirements? d. If the sub-recipient used competitive proposal procedures, was it done in accordance with requirements? e. Did the sub-recipient include written justification of any non-competitive or sole source procurements in the procurement file? f. If the sub-recipient had awarded a contract to a single bidder, did it appropriately determine that the item was available only from a single source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a cost or price analysis performed in connection with every procurement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the recipient procure A&E services in accordance with 49 U.S.C. §5325(b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the recipient base the quantity or amount of options on its reasonably foreseeable need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the recipient evaluate option prices included in solicitations prior to contract award?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTA Required Clauses	YES	NO	NA
9. Did the sub-recipient include applicable federal clauses in FTA-funded procurements exceeding the micro-purchase limit and construction contracts over \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Did the recipient include required lobbying certifications in solicitations and receive signed certifications from contractors as part of bid responsiveness in procurements over \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. If the recipient included liquidated damages in its procurements, did it specify the rate in the contract, based on a calculation and rationale?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. DBE

Disadvantaged Business Enterprise (DBE)	YES	NO	NA
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Did the organization receive more than \$250,000 in federal funds? If yes, did the sub-recipient submit a DBE Program for approval? Does the DBELO have direct and independent access to the CEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a Semi-Annual Form "Uniform Report of DBE Awards completed and forwarded to the ____ district by the prescribed reporting period? Reporting Period: May 15 (Oct. 1 - Mar 31) and Nov. 10 (April 1 - Sept. 30). Are the uniform reports completed accurately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For each of the past three completed Federal fiscal years, if the sub-recipient's DBE achievements (based on contract awards) were below the overall goal for the applicable year, did the sub-recipient complete the required shortfall analysis and corrective action plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can documentation ("good faith efforts") be presented that DBE's have had the maximum opportunity to compete for and perform contracts and subcontracts financed in whole or in part with FTA funds? Examples of Good Faith Efforts include, but not limited to: a. Ensuring DBE's are aware of contracting opportunities by advertising for DBE on your website, focus groups, meetings, news, events, journals, etc.; b. Soliciting disadvantaged businesses by fax, e-mail, and telephone; and Documenting proof of all good faith outreach performed by DBE Good Faith on your behalf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the sub-recipient certified that they have visited the work site and to ensure that work committed to DBEs is actually performed by DBEs? (49 CFR 26.37)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient submit its goal on time? Has the recipient implemented steps to meet the maximum feasible portion of its overall goal race-neutrally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

6. Satisfactory Continuing Control

	YES	NO	NA
1. Does the sub-recipient maintain adequate records on the status of real property and submit required reports and notifications to ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If real property was acquired, were all actions, including just compensation, property or properties under litigation, administrative settlements, and condemnation for each parcel reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the sub-recipient maintain control over FTA-funded equipment and ensure equipment and property are being used for its intended purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was equipment withdrawn from use and disposed of in accordance with 2 CFR 200 and FTA requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the sub-recipient have incidental uses of any FTA-funded real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Did the sub-recipient follow FTA requirements for incidental use of real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are bus fleets managed in accordance with FTA requirements for spare ratios and contingency fleets?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the recipient have flood insurance for any FTA-funded buildings located in areas that have been identified as having special flood hazards and in which the sale of flood insurance has been made available under the National Flood Insurance Act of 1968	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Inventory	YES	NO	
8. When was the last physical inventory completed? Date: Choose date from calendar			
9. Have there been any changes to the status of real property and/or equipment since the last physical inventory? If yes, was _____ notified in writing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Was an accurate inventory list been provided to _____ as per checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Does sub-recipient meet the mandatory spare ratio of 20%? (If greater than 50 vehicles?) Spare Ratio = Total Peak Hour Vehicle Requirement/Spare Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. MAINTENANCE PROGRAM

	YES	NO	NA																				
1. Does the sub-recipient have a written maintenance plan for FTA-funded assets (Vehicles, facilities, and equipment) that includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Periodic preventive maintenance inspections and scheduled services, including wheelchair lifts, ramps, kneeler, public address systems, voice annunciation systems, specific mission critical and safety items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Warranty compliance and recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Provisions for wheel-chair lifts and other accessible equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Management of maintenance resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Standards for maintenance subcontractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
2. Vehicle Inspections and Checklists – _____ staff will inspect maintenance logbooks with service schedules (based on fleet size) and respond to questions 13-17 outlined below.																							
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Inspection Sample Size</th> <th colspan="2">Inspection Summary</th> </tr> <tr> <th>Fleet size</th> <th>Log Books Inspected</th> <th>Inspected Logs</th> <th>Vehicle License Plate</th> </tr> </thead> <tbody> <tr> <td>1-5</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>6-15</td> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>16+</td> <td>3</td> <td>3</td> <td></td> </tr> </tbody> </table>				Inspection Sample Size		Inspection Summary		Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate	1-5	1	1		6-15	2	2		16+	3	3	
Inspection Sample Size		Inspection Summary																					
Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate																				
1-5	1	1																					
6-15	2	2																					
16+	3	3																					
3. Are pre-trip inspections conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Does the PM plan describe the inspection procedures for each item listed on the inspection of servicing checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
5. Does the schedule indicate when (according to mileage or time) each service is scheduled to be performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
6. Does the schedule indicate the date/mileage when services were performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
7. Using the vehicle maintenance log with the service schedule and pre-trip inspection checklist compare when a service was due vs. when service was performed. Is the correlation reasonable? (10 percent +/-) Was the DVR accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
8. Are warranty claims pursued prior to seeking reimbursement from _____? What is the sub-recipients system for identifying and tracking warranty issues and recovering warranty claims? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Maintenance Procedures for Accessible Equipment	YES	NO	NA																				

9. When a lift is discovered to be inoperative, is the vehicle out of service and repaired before the beginning of the vehicle's next service day? <i>If there is no spare vehicle available to take the place of a vehicle with an inoperable lift, entity may keep the vehicle in service with an inoperable lift for no more than five days (if the entity serves an area of 50,000 or less population) or three days (if the entity serves an area of over 50,000 population) from the day on which the lift is discovered to be inoperative. CFR Part 37.163</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/Equipment Inspection	YES	NO	NA
10. Was a facility/equipment/real property purchased using FTA/____ funds? If yes, is there a facility/equipment maintenance program that include: a. An organization and assignment of responsibility for facility and equipment maintenance, and b. A series of inspections and routine maintenance actions designed to ensure proper care and maximize useful service life of facilities and equipment, and c. A record-keeping system that maintains adequate permanent records of maintenance and inspection activity for buildings and equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Resources	YES	NO	NA
11. Does the maintenance plan address the following?			
• Goals and objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate resources (Organizational structure, staffing levels, training, experience)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performance reports/maintenance management reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Review			
PARM staff will conduct random maintenance inspection of buses to ensure proper functionality. <i>Annual</i>	<input checked="" type="checkbox"/>		

General Vehicle Condition Checklist (____ use only)

BUS # _____

1. Exterior condition (Paint Condition / Body Damage / Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

2. Lights, Mirrors, Glass (Breaks, Cracks, Not Functioning Lights)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

3. Interior (Upholstery, Safety Belts, Floor, Door Operation, Lights, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

4. Engine Running (Difficulty Starting, Excessive Noise, Visible Exhaust, Noticeable Odors (other than diesel exhaust), Evidence of Oil Leaks on Ground)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

5. Tires (Visibly worn, Sidewall Cuts or Cracks, Appear Under Inflated)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

6. Wheelchair Lift / Ramp (Operates Properly, No Exposed Hazards, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

7. PA System/ Voice Annunciation system (Operates Properly)

☐ Excellent

☐ Good

☐ Fair

☐ Poor

☐

Needs

Immediate

Attention

Comments:

8. Safety (loose items in driver and passenger compartment, etc.)

Comments: _____

The general vehicle condition checklist is attached at the end of this checklist.

8. ADA

ADA-General	YES	NO	NA
1. Does the sub-recipient track, resolve, and respond to ADA-related complaints? Does the sub-recipient have procedures in place?	✓		
2. Do the procedures provide for the prompt and equitable resolution of complaints, including a procedure for responding to complaints and tracking the responses?	✓		
3. Have any ADA Complaints been filed with _____ or FTA?		✓	
4. Does the recipient retain ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years?	✓		
5. Does the sub-recipient monitor contracted service or service provided by another public entity on the sub-recipient's behalf for compliance with the U.S. Department of Transportation (US DOT) ADA regulations?	✓		
6. Does the sub-recipient follow ADA provision of service requirements?	✓		
7. How does the sub-recipient implement the reasonable modification process?	✓		

Comments:

	YES	NO	NA
Securement, Lift, Availability and Access			
1. Does the sub-recipient accommodate individuals who rely on accessible equipment when that equipment is inoperative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a policy that covers the securement of mobility devices?			
3. Are publicized services made in accessible formats (i.e., large print, TDD, Braille, audio tape)? How does the sub-recipient honor the request for accessible formats?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a written policy on service animals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is adequate time allotted for the embarking and disembarking of passengers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the lift/kneel feature functional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Service Equivalency	YES	NO	NA
7. Is training provided to agency personnel and subcontractors for the safe operation of vehicles, accessibility equipment, and the proper treatment of persons with disabilities? Number of staff trained this year:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using the same type of service (i.e., fixed route, paratransit, demand response), is the fare and service provided to a disabled passenger the same as the fare that is charged to a non-disabled passenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are trips prioritized for any purpose?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. How does the sub-recipient ensure there is no pattern or practice of trip denials? Untimely pick-ups? Missed trips? Excessively long trips?			
12. How are trip denials recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Facilities	YES	NO	NA
13. Does the facility(s) have at least one accessible entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are bathrooms and water fountains provided and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are public and common use areas accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have any facilities been constructed or modified? If yes, were the modifications in accordance with 49 CFR Part 37, "ADA Accessibility Guidelines?"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ADA - Complementary Paratransit	YES	NO	NA
17. Is the sub-recipient a fixed route service provided? If no, skip questions 15-25. If yes, do you have a Complementary Para-transit Plan? When was the plan updated? Choose date from calendar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Does the recipient provide ADA complementary paratransit service to out-of-town visitors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. If the recipient has a no-show/late cancellation policy for ADA complementary paratransit service, does it meet the ADA complementary paratransit service requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Does the recipient limit the availability of service to ADA paratransit eligible individuals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the sub-recipient's eligibility determination process meet ADA complementary paratransit service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Is there an appeals process? Does the process allow the applicant the opportunity to be heard and to present information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is next day service provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are trips scheduled within one hour of the requested trip time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are fares no more than twice the fixed route fare?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is service provided within 3/4 mile of fixed routes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Is service available during the same hours and days as fixed route?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does subscription service exceed 50 percent (unless there is non-subscription capacity)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Route Deviation Service. To be considered demand responsive, the service must deviate for the general public, not just persons with disabilities. If deviations are restricted to a group, the service ceases to be a form of demand-responsive service for the general public.			
31. Is general route deviation service open to the general public? Is route deviation service used as your method for demand-responsive service? If no, skip to question 28. If yes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Does the service deviate for people with and without disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is the service publicly advertised as route deviation service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Does the service have characteristics similar to those of a demand responsive service? Examples include:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Response time;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Fares;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Geographic area of service;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Hours and days of service;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Restrictions or priorities based on trip purpose;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Availability of information and reservations capability; and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Any constraints on capacity or service availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Observation Check			
33. One staff should observe a minimum of one of the following sub-recipient functions. It is recommended the transit agency be contacted prior to completing any of the following:			
<input type="checkbox"/> Riding the service <input type="checkbox"/> Observing transit agency reservation service <input checked="" type="checkbox"/> Observing transit agency scheduling <input type="checkbox"/> Observing transit agency dispatching <input type="checkbox"/> Observing ADA complementary paratransit eligibility process			
Description of the observation results			
Comments: <i>Schauling</i>			

9. TITLE VI

Complaints and Lawsuits	YES	NO	NA
1. Are there complaint policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for filing complaints (organization name, phone numbers, etc.) readily accessible to riders, employees, and applicants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Were any transit related lawsuits/complaints filed within the past year? If yes, does the review of lawsuits/complaints denote a pattern of discrimination? If yes, provide the following information:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The date the lawsuit/complaint was filed			
The name and address of the complainant			
A summary of the allegation			
4. Are complaints documented and are they assigned to the appropriate transit staff for investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do riders, employees, and applicants have the option to file a complaint with organizations other than the sub-recipient? If so, who:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is the name and title of the person in the organization responsible for ensuring Civil Rights requirements are fulfilled? Name: _____ Title: _____			
Title VI Program	YES	NO	NA
8. Does the sub-recipient have a Title VI Program consisting of the following elements:			
• Title VI Notice to the Public, including a list of locations where the notice is posted and the following contents:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. a statement that the agency operates programs without regard to race, color, or national origin;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. a description of the procedures that members of the public should follow in order to request additional information on the recipient's Title VI obligations;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a description of the procedures that members of the public shall follow in order to file a Title VI discrimination complaint against the recipient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of transit-related Title VI investigations, complaints, and lawsuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Participation Plan, including information about early and continuous outreach methods to engage minority and limited English proficient populations (LEP) in the identification of social, economic, and environmental impacts of proposed transportation decisions, as well as a summary of outreach efforts made since the last Title VI Program submission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient evaluated fare and major service changes and monitored transit service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited English Proficiency (LEP)	YES	NO	NA
9. In order to ensure meaningful access to programs and activities, transit providers shall use the information obtained in the Four Factor Analysis to determine the specific language services that are appropriate to provide. Were the following Four Factors (e.g. Four Factor Analysis) used to determine which language assistance services are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The frequency with which LEP persons come into contact with the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The nature and importance of the program, activity, or service provided by the program to people's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are vital documents (schedules, brochures, etc.) provided in languages other than English? Examples of vital documents include an ADA complementary paratransit eligibility application, a Title VI complaint form, notice of a person's rights under Title VI, and other documents that provide access to essential services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. How are minority organizations/communities notified of public meetings, program opportunities, new or a change in service (i.e., hours of service, delivery points) using the media, city, and council representatives, etc.?).			

10. EQUAL EMPLOYMENT OPPORTUNITY

	YES	NO	NA
1. Does the sub-recipient employees 100 or more transit-related employees? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year? If so, is there an EEO program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient employees 50-99 transit-related employees? If so, is there an abbreviated EEO program? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Does the abbreviated EEO program include the following elements?			
• Statement of Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Policy Dissemination Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Designation of Personnel Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Assessment of Employees Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

• Monitoring and Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the required posters/materials listed below placed in conspicuous places (lunch rooms, building entry, lobby, etc.) and made available to employees and applicants?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
• EEO Policy Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equal Employment Opportunity (EEO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family and Medical Leave Act (FMLA) of 1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Polygraph Protection Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fair Labor Standards Act (FLSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an EEO Program Plan in accordance with FTA Circular 4704.1 EEO and include the following elements:			
1. Designation of personnel responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workforce Utilization Analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Goals and timetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assessment of past employment practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proposed remedies for problem areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitoring and reporting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal EEO Plan requires designation of personnel responsibilities, a workforce analysis (including an identification of areas of underutilization), goals and timetables, an assessment of past employment practices, proposed remedies for problem areas, and a monitoring and reporting system.			
Underutilization Analysis: The purpose of the utilization analysis is to identify those job categories where underutilization and/or concentration of women or minorities exist in relation to their availability in the relevant labor market. It is also to establish the framework for goals and timetables and other affirmative actions to correct employment practices that may have contributed to any underutilization or concentration.			
5. Were specific percentage and numerical goals with timetables created to correct any underutilization of specific affected classes of persons identified in a workforce utilization analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were goals set in the previous submission met? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

11. DRUG AND ALCOHOL PROGRAM

Drug and Alcohol Policy	YES	NO	NA
1. Does the sub-recipient have a board-adopted drug and alcohol misuse policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a Drug and Alcohol testing program for safety sensitive employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is transit service subcontracted? If yes, how do you monitor subcontractors with safety sensitive employees to ensure drug and alcohol testing programs are administered in accordance with the regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			

4. Do contractors and subcontractors with safe sensitive employees have drug and alcohol testing programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the drug policy contain the following information:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval by governing board or other "final authority" for the subrecipient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity of contact person, office, or position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee categories to be tested – safety sensitive positions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing circumstances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing procedures – consistent with 49 CFR 40, as amended	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required participation by employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior that constitutes refusal to submit to a test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee who has a verified positive test result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee found to have an alcohol concentration of 0.02 or greater, but less than 0.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any program elements in addition to those required by FTA defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the sub-recipient maintain drug and alcohol program records in a secure location with controlled access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was drug awareness program performed in the past year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are drug test records maintained for specified period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do all medical review officers, substance abuse professionals, breath alcohol technicians, and collectors in the drug and alcohol testing program have the required qualifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have contractors, lessees, and subcontractors with safety-sensitive employees filed annual MIS reports with the recipient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have subrecipients with safety-sensitive employees filed annual MIS reports with the recipient?			
Drug-Free Workplace	YES	NO	NA
11. Does the sub-recipient have a written policy as prescribed by the Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
12. Is it distributed periodically to all employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the sub-recipient have an on-going drug awareness program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the sub-recipient ensure that all covered employee receive the required 60 minutes of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the recipient ensure that all supervisors or other officials responsible for making reasonable suspicion determinations receive the required 60 minutes of training on drug use and 60 minutes of training on alcohol misuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the sub-recipient notified its employees that the unlawful manufacture, distribution dispensing, possession, or use of a controlled substance is prohibited in the workplace? How? How are vendors monitored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
17. Have employees been notified of the dangers of drug abuse and any available drug counseling, rehabilitation, and employee assistance programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have they been notified of their responsibility to report any criminal drug statute conviction for a violation occurring in the workplace to the sub-recipient within five days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

19. Has the sub-recipient notified employees of the sanctions that they might be subject to for violation of the Drug-Free Workplace requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection Sites	YES	NO	NA
1. Does the sub-recipient have on file the qualifications for the following:			
A) Medical Review Officers (MROs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Substance Abuse Professionals (SAPs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Screening Test Technicians (STTs) Breath Alcohol Technicians (BATs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Collectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. SAFETY AND SECURITY - 5307 Sub-recipient

Security Expenditures	YES	NO	NA
1. Does the sub-recipient utilize one percent of its Section 5307 expenditures for transit security? If no, please explain why funds are not used for this purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the sub-recipient keep a log of all safety and security assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. PUBLIC COMMENT ON FARE INCREASES AND MAJOR SERVICE REDUCTIONS

Public Comment	YES	NO	NA
1. Does the sub-recipient have written procedures on fare increases or major services reductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the sub-recipient increased fares or had any major service reductions since the last review?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, did the sub-recipient follow its public comment procedures on fare increases and major service reductions (request copies of public notices related to fare increases and major service reductions).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Puerto Rico Highway and Transportation Authority (PRHTA)
Oversight REVIEW CHECKLIST

GENERAL INFORMATION

Sub-recipient Name: payaya

Funding Source: ☐ Section 5307 ☒ Section 5311 ☐ Both ☐ Other 5310

Sub-recipient Representative: María Ortiz

1 personnel conducting compliance visit: Norma G. García

Date of compliance visit:

ORGANIZATIONAL

Brief description of Sub-recipient Service:

Sections 5310-5311
fare rates \$1.50

1.0 Overview The PRHTA is responsible for monitoring sub-recipients and

contractors to ensure that all fiscal, federal, and programmatic responsibilities are fulfilled. The purpose of this Compliance Review report is to provide an internal control mechanism designed to review performance over a period of time and to evaluate compliance of sub-recipients and contractors funded with federal funds. Monitoring also allows jurisdictions to provide technical assistance to help subrecipients and contractors comply with applicable laws and regulations, improve technical skills, increase capacity and stay updated on regulations.

_____ Intermodal – Transit Division will be responsible for monitoring sub-recipients and contractors no less than twice per contract year and more often should it be necessary.

The review will include a physical on-site visit at the location where the sub-recipients and contractors maintain the project records.

Areas for monitoring sub-recipients and contractors shall include:

- | | |
|------------------------------------|----------------------------------|
| 1. Legal | 8. ADA |
| 2. Technical Capacity | 9. Title VI |
| 3. Financial Management | 10. Equal Employment Opportunity |
| 4. Procurement | 11. Drug and Alcohol Program |
| 5. DBE | 12. Safety and Security |
| 6. Satisfactory Continuing Control | 13. Public Comment |
| 7. Maintenance Program | |

Citation References. The _____ public transportation program operates under transit provisions including, but not limited to the following:

Federal Transit Administration (FTA): www.fta.dot.gov/

Code of Federal Regulations (CFR): www.access.gpo.gov/nara/cfr/cfr-table-search.html

United States Code (USC): www4.law.cornell.edu/uscode/

Process. The Compliance Monitoring and Site Visit process include the following:

1. **Pre-Site Visit Activities:** A copy of the document checklist and the Compliance Monitoring Questionnaire will be sent to sub-recipients prior to the scheduled site visit. **Sub-recipients will be asked to submit certain documents in advance as part of the desk review.** PRHTA Staff will review this documentation prior to the on-site compliance monitoring site/visit.
2. **Entrance Interview:** The entrance interview conveys the purpose and focus of the visit and to inform the sub-recipient of specific tasks to be completed during the visit, specifically activities outlined on the Compliance Questionnaire.
3. **Compliance Monitoring:** PRHTA staff will conduct on on-site visit to verify that documentation, policies and procedures supports the reviewer's observations and conclusions.
4. **Exit Interview:** The exit interview provides PRHTA and the sub-recipient an opportunity to review findings and/or provide the necessary recommendations to improve the administration of program(s).

REVIEW AREAS

1 LEGAL

Legal	YES	NO	NA
1. Is the sub-recipient designated as the body legally responsible for the overall organization, management and operation of the transportation system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have an authorizing resolution passed by a governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the sub-recipient promptly notified ____ and FTA of any legal matters that may affect the FTA? If yes, please list details including date, name of complainant and summary of allegation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the sub-recipient promptly notified ____ and FTA of any instances relating to false claims under the False Claims Act or fraud?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient use only non-appropriated funds for any lobbying activities and did the agency file the disclosure form to FTA?			
Comments:			

2 TECHNICAL CAPACITY

Sub-recipient Oversight	YES	NO	NA
1. Determine if the sub-recipient is eligible to receive assistance under federal award programs.: <input type="checkbox"/> Private non-profit organizations; <input checked="" type="checkbox"/> State or local governmental authorities; and <input type="checkbox"/> Operators of public transportation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a signed lobbying certification on file from sub-recipients entering into agreements exceeding \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Was the sub-recipient ever suspended, debarred, ineligible or voluntarily excluded from participation in federally assisted transactions or procurement before entering into agreements exceeding \$25,000? (Check SAM, Collect certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is sub-recipient compliant with federal requirements and performance goals, and provide for evaluation of sub-recipient risk of noncompliance with those requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Project Management - (TPO)	YES	NO	NA
5. Does the sub-recipient provide administrative and management oversight of project implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the sub-recipient monitor activities (technical inspection and supervision of construction project, technology project, planning projects) under the award to assure schedules are met and other performance goals are achieved? Has the sub-recipient maintain project work schedules? Does sub-recipient ensure conformity to applicable statutes, codes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What is the sub-recipient process for determining the applicability of, and ensuring compliance with, all Federal requirements? <i>Municipality / PRHTA</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are sub-recipient expenditures within the latest approved award budget? If projects are not on budget, what are the reasons justified in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there transit management or service contractors? If yes , are there written policies, procedures and plans that address the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Site visit checklist(s)/reports, Vehicle/facility checklist reports applicable to FTA requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Standardized monitoring forms/processes that are consistent with FTA/____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timely notification on any significant issues follow up on findings and improvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of the individual responsible for conducting the monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the sub-recipient using force account labor for any FTA-funded capital project, did it comply with FTA requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
Award Management	YES	NO	NA
7. Has the sub-recipient submitted milestone progress reports (MPRs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often is the sub-recipient required to submit MPRs? <i>Quarterly</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the MPR contain a narrative of activity status and any problems encountered in implementation, specification preparation, bid solicitation, resolution of protests, or third-party contract awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If there were schedule changes, is there:			
• An explanation of why scheduled milestones or completion dates were not met?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Identification of problem areas and a narrative on how the problems will be solved?			
• A discussion of the expected impacts and the efforts to recover from the delays?			
11. Does the recipient ensure timely expenditure of funds and close out of awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

3. FINANCIAL MANAGEMENT

	YES	NO	NA
1. Does sub-recipient meet A- 133 threshold of \$750,000 across all Federal Programs? (If No, please skip to question 4 or 5 depending on program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have comprehensive policies and procedures in place for managing awards and internal control? Does the policies and procedures address internal control practices to prevent waste, loss and misuse of federal funds? Have policies and procedures been updated to reflect any changes to federal regulatory requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the sub-recipient conducted the required Single Audit, and submitted to ____? When? Choose date from calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If there were findings in audits related to FTA or US DOT programs, was a copy of the audit and the SF-SAC submitted to the FTA regional office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If there were findings associated with the audit, has the sub-recipient completed a corrective action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has a 3 yrs – or longer financial plan been submitted to ____? (5307 Program only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the sub-recipient have financial resources to provide local share? Is the amount eligible for operating assistance calculated in compliance with FTA guidance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient receive operating assistance from FTA? Do amounts for which reimbursement is sought exclude ineligible costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient complied with requirements for charging indirect costs to FTA awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the sub-recipient charge indirect costs using the de minimus rate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Does the sub-recipient have an approved CAP and/or ICRP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Was the annual CAP and/or ICRP proposal submitted to the cognizant agency in accordance with the agency's requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are requests for reimbursements reviewed to ensure that only allowable expenses have been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

4. PROCUREMENT

Policies and Procedures	YES	NO	NA
1. Does the sub-recipient have written procurement policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer question #2			
2. Do procurement policies and procedures provide for and/or address the following:			
• Written standards of conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review of procurement requests to avoid duplicative or unnecessary purchases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written procurement history (rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written protest procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written selection procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Full and open competition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prohibition of geographic preferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DBE participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Contracts	YES	NO	NA
3. Does the sub-recipient ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Does the recipient conduct oversight of third party contractors to ensure performance in accordance with contract terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. If the recipient awarded revenue contracts during the review period did it use a competitive process for the award, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Did the recipient approve, evaluate, and document change orders to procurements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are contracts limited to five years for any rolling stock or replacement parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Were any rolling stock or repair parts purchased? If yes, are term limits for each of these contracts less than or equal to five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Were any other goods or services purchased? If yes, If the sub-recipient used micro-purchase procedures, was it done in accordance with requirements? b. If the sub-recipient used small purchase procedures, was it done in accordance with requirements? c. If the sub-recipient used sealed bid procedures, was it done in accordance with requirements? d. If the sub-recipient used competitive proposal procedures, was it done in accordance with requirements? e. Did the sub-recipient include written justification of any non-competitive or sole source procurements in the procurement file? f. If the sub-recipient had awarded a contract to a single bidder, did it appropriately determine that the item was available only from a single source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Is a cost or price analysis performed in connection with every procurement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the recipient procure A&E services in accordance with 49 U.S.C. §5325(b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the recipient base the quantity or amount of options on its reasonably foreseeable need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Did the recipient evaluate option prices included in solicitations prior to contract award?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FTA Required Clauses	YES	NO	NA
9. Did the sub-recipient include applicable federal clauses in FTA-funded procurements exceeding the micro-purchase limit and construction contracts over \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Did the recipient include required lobbying certifications in solicitations and receive signed certifications from contractors as part of bid responsiveness in procurements over \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. If the recipient included liquidated damages in its procurements, did it specify the rate in the contract, based on a calculation and rationale?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. DBE

Disadvantaged Business Enterprise (DBE)	YES	NO	NA
-----------------------------------------	-----	----	----

Did the organization receive more than \$250,000 in federal funds? If yes, did the sub-recipient submit a DBE Program for approval? Does the DBELO have direct and independent access to the CEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a Semi-Annual Form "Uniform Report of DBE Awards completed and forwarded to the ____ district by the prescribed reporting period? Reporting Period: May 15 (Oct. 1 - Mar 31) and Nov. 10 (April 1 - Sept. 30). Are the uniform reports completed accurately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For each of the past three completed Federal fiscal years, if the sub-recipient's DBE achievements (based on contract awards) were below the overall goal for the applicable year, did the sub-recipient complete the required shortfall analysis and corrective action plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can documentation ("good faith efforts") be presented that DBE's have had the maximum opportunity to compete for and perform contracts and subcontracts financed in whole or in part with FTA funds? Examples of Good Faith Efforts include, but not limited to: a. Ensuring DBE's are aware of contracting opportunities by advertising for DBE on your website, focus groups, meetings, news, events, journals, etc.; b. Soliciting disadvantaged businesses by fax, e-mail, and telephone; and Documenting proof of all good faith outreach performed by DBE Good Faith on your behalf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the sub-recipient certified that they have visited the work site and to ensure that work committed to DBEs is actually performed by DBEs? (49 CFR 26.37)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient submit its goal on time? Has the recipient implemented steps to meet the maximum feasible portion of its overall goal race-neutrally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

6. Satisfactory Continuing Control

	YES	NO	NA
1. Does the sub-recipient maintain adequate records on the status of real property and submit required reports and notifications to ____?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If real property was acquired, were all actions, including just compensation, property or properties under litigation, administrative settlements, and condemnation for each parcel reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the sub-recipient maintain control over FTA-funded equipment and ensure equipment and property are being used for its intended purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was equipment withdrawn from use and disposed of in accordance with 2 CFR 200 and FTA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the sub-recipient have incidental uses of any FTA-funded real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the sub-recipient follow FTA requirements for incidental use of real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are bus fleets managed in accordance with FTA requirements for spare ratios and contingency fleets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient have flood insurance for any FTA-funded buildings located in areas that have been identified as having special flood hazards and in which the sale of flood insurance has been made available under the National Flood Insurance Act of 1968	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Inventory	YES	NO	
8. When was the last physical inventory completed? Date: Choose date from calendar			
9. Have there been any changes to the status of real property and/or equipment since the last physical inventory? If yes, was _____ notified in writing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Was an accurate inventory list been provided to _____ as per checklist?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Does sub-recipient meet the mandatory spare ratio of 20%? (If greater than 50 vehicles?) Spare Ratio = Total Peak Hour Vehicle Requirement/Spare Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. MAINTENANCE PROGRAM

	YES	NO	NA																				
1. Does the sub-recipient have a written maintenance plan for FTA-funded assets (Vehicles, facilities, and equipment) that includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Periodic preventive maintenance inspections and scheduled services, including wheelchair lifts, ramps, kneeler, public address systems, voice annunciation systems, specific mission critical and safety items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Warranty compliance and recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Provisions for wheel-chair lifts and other accessible equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Management of maintenance resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
• Standards for maintenance subcontractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
2. Vehicle Inspections and Checklists – _____ staff will inspect maintenance logbooks with service schedules (based on fleet size) and respond to questions 13-17 outlined below.																							
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Inspection Sample Size</th> <th colspan="2">Inspection Summary</th> </tr> <tr> <th>Fleet size</th> <th>Log Books Inspected</th> <th>Inspected Logs</th> <th>Vehicle License Plate</th> </tr> </thead> <tbody> <tr> <td>1-5</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>6-15</td> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>16+</td> <td>3</td> <td>3</td> <td></td> </tr> </tbody> </table>				Inspection Sample Size		Inspection Summary		Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate	1-5	1	1		6-15	2	2		16+	3	3	
Inspection Sample Size		Inspection Summary																					
Fleet size	Log Books Inspected	Inspected Logs	Vehicle License Plate																				
1-5	1	1																					
6-15	2	2																					
16+	3	3																					
3. Are pre-trip inspections conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Does the PM plan describe the inspection procedures for each item listed on the inspection of servicing checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
5. Does the schedule indicate when (according to mileage or time) each service is scheduled to be performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
6. Does the schedule indicate the date/mileage when services were performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
7. Using the vehicle maintenance log with the service schedule and pre-trip inspection checklist compare when a service was due vs. when service was performed. Is the correlation reasonable? (10 percent +/-) Was the DVR accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
8. Are warranty claims pursued prior to seeking reimbursement from _____? What is the sub-recipients system for identifying and tracking warranty issues and recovering warranty claims? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Maintenance Procedures for Accessible Equipment	YES	NO	NA																				

9. When a lift is discovered to be inoperative, is the vehicle out of service and repaired before the beginning of the vehicle's next service day? <i>If there is no spare vehicle available to take the place of a vehicle with an inoperable lift, entity may keep the vehicle in service with an inoperable lift for no more than five days (if the entity serves an area of 50,000 or less population) or three days (if the entity serves an area of over 50,000 population) from the day on which the lift is discovered to be inoperative. CFR Part 37.163</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/Equipment Inspection	YES	NO	NA
10. Was a facility/equipment/real property purchased using FTA/____ funds? If yes, is there a facility/equipment maintenance program that include: a. An organization and assignment of responsibility for facility and equipment maintenance, and b. A series of inspections and routine maintenance actions designed to ensure proper care and maximize useful service life of facilities and equipment, and c. A record-keeping system that maintains adequate permanent records of maintenance and inspection activity for buildings and equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Resources	YES	NO	NA
11. Does the maintenance plan address the following?			
• Goals and objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate resources (Organizational structure, staffing levels, training, experience)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performance reports/maintenance management reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Review			
____ staff will conduct random maintenance inspection of buses to ensure proper functionality.	<input checked="" type="checkbox"/>		

General Vehicle Condition Checklist (____ use only)

BUS # _____

1. Exterior condition (Paint Condition / Body Damage / Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

2. Lights, Mirrors, Glass (Breaks, Cracks, Not Functioning Lights)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

3. Interior (Upholstery, Safety Belts, Floor, Door Operation, Lights, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

4. Engine Running (Difficulty Starting, Excessive Noise, Visible Exhaust, Noticeable Odors (other than diesel exhaust), Evidence of Oil Leaks on Ground)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

5. Tires (Visibly worn, Sidewall Cuts or Cracks, Appear Under Inflated)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

6. Wheelchair Lift / Ramp (Operates Properly, No Exposed Hazards, Cleanliness)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Needs Immediate

Attention

Comments:

7. PA System/ Voice Annunciation system (Operates Properly)

☐ Excellent

☐ Good

☐ Fair

☐ Poor

☐

Needs

Immediate

Attention

Comments:

8. Safety (loose items in driver and passenger compartment, etc.)

Comments: _____

The general vehicle condition checklist is attached at the end of this checklist.

8. ADA

ADA-General	YES	NO	NA
1. Does the sub-recipient track, resolve, and respond to ADA-related complaints? Does the sub-recipient have procedures in place?	✓		
2. Do the procedures provide for the prompt and equitable resolution of complaints, including a procedure for responding to complaints and tracking the responses?	✓		
3. Have any ADA Complaints been filed with _____ or FTA?		✓	
4. Does the recipient retain ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years?	✓		
5. Does the sub-recipient monitor contracted service or service provided by another public entity on the sub-recipient's behalf for compliance with the U.S. Department of Transportation (US DOT) ADA regulations?			✓
6. Does the sub-recipient follow ADA provision of service requirements?	✓		
7. How does the sub-recipient implement the reasonable modification process?	✓		

Comments:

	YES	NO	NA
Securement, Lift, Availability and Access			
1. Does the sub-recipient accommodate individuals who rely on accessible equipment when that equipment is inoperative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a policy that covers the securement of mobility devices?			
3. Are publicized services made in accessible formats (i.e., large print, TOO, Braille, audio tape)? How does the sub-recipient honor the request for accessible formats?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a written policy on service animals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is adequate time allotted for the embarking and disembarking of passengers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the lift/kneel feature functional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Service Equivalency	YES	NO	NA
7. Is training provided to agency personnel and subcontractors for the safe operation of vehicles, accessibility equipment, and the proper treatment of persons with disabilities? Number of staff trained this year:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using the same type of service (i.e., fixed route, paratransit, demand response), is the fare and service provided to a disabled passenger the same as the fare that is charged to a non-disabled passenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are trips prioritized for any purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. How does the sub-recipient ensure there is no pattern or practice of trip denials? Untimely pick-ups? Missed trips? Excessively long trips?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How are trip denials recorded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	YES	NO	NA
13. Does the facility(s) have at least one accessible entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are bathrooms and water fountains provided and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are public and common use areas accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have any facilities been constructed or modified? If yes, were the modifications in accordance with 49 CFR Part 37, "ADA Accessibility Guidelines?"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ADA - Complementary Paratransit	YES	NO	NA
17. Is the sub-recipient a fixed route service provided? If no, skip questions 15-25. If yes, do you have a Complementary Para-transit Plan? When was the plan updated? Choose date from calendar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Does the recipient provide ADA complementary paratransit service to out-of-town visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. If the recipient has a no-show/late cancellation policy for ADA complementary paratransit service, does it meet the ADA complementary paratransit service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the recipient limit the availability of service to ADA paratransit eligible individuals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the sub-recipient's eligibility determination process meet ADA complementary paratransit service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Is there an appeals process? Does the process allow the applicant the opportunity to be heard and to present Information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is next day service provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are trips scheduled within one hour of the requested trip time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are fares no more than twice the fixed route fare?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is service provided within 3/4 mile of fixed routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Is service available during the same hours and days as fixed route?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Does subscription service exceed 50 percent (unless there is non-subscription capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Route Deviation Service. To be considered demand responsive, the service must deviate for the general public, not just persons with disabilities. If deviations are restricted to a group, the service ceases to be a form of demand-responsive service for the general public.			<input checked="" type="checkbox"/>
31. Is general route deviation service open to the general public? Is route deviation service used as your method for demand-responsive service? If no, skip to question 28. If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Does the service deviate for people with and without disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the service publicly advertised as route deviation service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the service have characteristics similar to those of a demand responsive service? Examples include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Response time;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fares;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Geographic area of service;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hours and days of service;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Restrictions or priorities based on trip purpose;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Availability of information and reservations capability; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any constraints on capacity or service availability.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation Check			
33. PARAT staff should observe a minimum of one of the following sub-recipient functions. It is recommended the transit agency be contacted prior to completing any of the following:			
<input type="checkbox"/> Riding the service <input type="checkbox"/> Observing transit agency reservation service <input checked="" type="checkbox"/> Observing transit agency scheduling <input type="checkbox"/> Observing transit agency dispatching <input type="checkbox"/> Observing ADA complementary paratransit eligibility process			
Description of the observation results			
Comments: <i>Scheduling</i>			

9. TITLE VI

Complaints and Lawsuits	YES	NO	NA
1. Are there complaint policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for filing complaints (organization name, phone numbers, etc.) readily accessible to riders, employees, and applicants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were any transit related lawsuits/complaints filed within the past year? If yes, does the review of lawsuits/complaints denote a pattern of discrimination? If yes, provide the following information:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The date the lawsuit/complaint was filed			
The name and address of the complainant			
A summary of the allegation			
4. Are complaints documented and are they assigned to the appropriate transit staff for investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do riders, employees, and applicants have the option to file a complaint with organizations other than the sub-recipient? If so, who:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is the name and title of the person in the organization responsible for ensuring Civil Rights requirements are fulfilled? Name: <u>Monica M. Ortiz</u> Title: <u>Director</u>			
Title VI Program	YES	NO	NA
8. Does the sub-recipient have a Title VI Program consisting of the following elements:			
• Title VI Notice to the Public, including a list of locations where the notice is posted and the following contents:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. a statement that the agency operates programs without regard to race, color, or national origin;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. a description of the procedures that members of the public should follow in order to request additional information on the recipient's Title VI obligations;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a description of the procedures that members of the public shall follow in order to file a Title VI discrimination complaint against the recipient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI Complaint Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of transit-related Title VI investigations, complaints, and lawsuits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Participation Plan, including information about early and continuous outreach methods to engage minority and limited English proficient populations (LEP) in the identification of social, economic, and environmental impacts of proposed transportation decisions, as well as a summary of outreach efforts made since the last Title VI Program submission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Has the sub-recipient evaluated fare and major service changes and monitored transit service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Limited English Proficiency (LEP)	YES	NO	NA
9. In order to ensure meaningful access to programs and activities, transit providers shall use the information obtained in the Four Factor Analysis to determine the specific language services that are appropriate to provide. Were the following Four Factors (e.g. <i>Four Factor Analysis</i>) used to determine which language assistance services are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The frequency with which LEP persons come into contact with the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The nature and importance of the program, activity, or service provided by the program to people's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are vital documents (schedules, brochures, etc.) provided in languages other than English? Examples of vital documents include an ADA complementary paratransit eligibility application, a Title VI complaint form, notice of a person's rights under Title VI, and other documents that provide access to essential services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. How are minority organizations/communities notified of public meetings, program opportunities, new or a change in service (i.e., hours of service, delivery points) using the media, city, and council representatives, etc.?).			

10. EQUAL EMPLOYMENT OPPORTUNITY

	YES	NO	NA
1. Does the sub-recipient employees 100 or more transit-related employees? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year? If so, is there an EEO program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient employees 50-99 transit-related employees? If so, is there an abbreviated EEO program? If yes, has the organization received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous federal fiscal year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Does the abbreviated EEO program include the following elements?			
• Statement of Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Policy Dissemination Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Designation of Personnel Responsibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment of Employees Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monitoring and Reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the required posters/materials listed below placed in conspicuous places (lunch rooms, building entry, lobby, etc.) and made available to employees and applicants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EEO Policy Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equal Employment Opportunity (EEO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family and Medical Leave Act (FMLA) of 1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Polygraph Protection Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fair Labor Standards Act (FLSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an EEO Program Plan in accordance with FTA Circular 4704.1 EEO and include the following elements:			
1. Designation of personnel responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workforce Utilization Analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Goals and timetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assessment of past employment practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proposed remedies for problem areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitoring and reporting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal EEO Plan requires designation of personnel responsibilities, a workforce analysis (including an identification of areas of underutilization), goals and timetables, an assessment of past employment practices, proposed remedies for problem areas, and a monitoring and reporting system.			
Underutilization Analysis. The purpose of the utilization analysis is to identify those job categories where underutilization and/or concentration of women or minorities exist in relation to their availability in the relevant labor market. It is also to establish the framework for goals and timetables and other affirmative actions to correct employment practices that may have contributed to any underutilization or concentration.			
5. Were specific percentage and numerical goals with timetables created to correct any underutilization of specific affected classes of persons identified in a workforce utilization analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were goals set in the previous submission met? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

11. DRUG AND ALCOHOL PROGRAM

June 2009

Drug and Alcohol Policy	YES	NO	NA
1. Does the sub-recipient have a board-adopted drug and alcohol misuse policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a Drug and Alcohol testing program for safety sensitive employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is transit service subcontracted? If yes, how do you monitor subcontractors with safety sensitive employees to ensure drug and alcohol testing programs are administered in accordance with the regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			

4. Do contractors and subcontractors with safe sensitive employees have drug and alcohol testing programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the drug policy contain the following information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval by governing board or other "final authority" for the subrecipient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity of contact person, office, or position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee categories to be tested – safety sensitive positions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing circumstances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing procedures – consistent with 49 CFR 40, as amended	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required participation by employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior that constitutes refusal to submit to a test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee who has a verified positive test result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consequences for an employee found to have an alcohol concentration of 0.02 or greater, but less than 0.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any program elements in addition to those required by FTA defined	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the sub-recipient maintain drug and alcohol program records in a secure location with controlled access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was drug awareness program performed in the past year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are drug test records maintained for specified period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do all medical review officers, substance abuse professionals, breath alcohol technicians, and collectors in the drug and alcohol testing program have the required qualifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have contractors, lessees, and subcontractors with safety-sensitive employees filed annual MIS reports with the recipient? Have subrecipients with safety-sensitive employees filed annual MIS reports with the recipient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-Free Workplace	YES	NO	NA
11. Does the sub-recipient have a written policy as prescribed by the Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
12. Is it distributed periodically to all employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the sub-recipient have an on-going drug awareness program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the sub-recipient ensure that all covered employee receive the required 60 minutes of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the recipient ensure that all supervisors or other officials responsible for making reasonable suspicion determinations receive the required 60 minutes of training on drug use and 60 minutes of training on alcohol misuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the sub-recipient notified its employees that the unlawful manufacture, distribution dispensing, possession, or use of a controlled substance is prohibited in the workplace? How? How are vendors monitored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
17. Have employees been notified of the dangers of drug abuse and any available drug counseling, rehabilitation, and employee assistance programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have they been notified of their responsibility to report any criminal drug statute conviction for a violation occurring in the workplace to the sub-recipient within five days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

19. Has the sub-recipient notified employees of the sanctions that they might be subject to for violation of the Drug-Free Workplace requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection Sites	YES	NO	NA
1. Does the sub-recipient have on file the qualifications for the following:			
A) Medical Review Officers (MROs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Substance Abuse Professionals (SAPs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Screening Test Technicians (STTs) Breath Alcohol Technicians (BATs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Collectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. SAFETY AND SECURITY - 5307 Sub-recipient

Security Expenditures	YES	NO	NA
1. Does the sub-recipient utilize one percent of its Section 5307 expenditures for transit security? If no, please explain why funds are not used for this purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the sub-recipient keep a log of all safety and security assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. PUBLIC COMMENT ON FARE INCREASES AND MAJOR SERVICE REDUCTIONS

Public Comment	YES	NO	NA
1. Does the sub-recipient have written procedures on fare increases or major services reductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the sub-recipient increased fares or had any major service reductions since the last review?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, did the sub-recipient follow its public comment procedures on fare increases and major service reductions (request copies of public notices related to fare increases and major service reductions).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



GOVERNMENT OF PUERTO RICO
Puerto Rico Highway and Transportation Authority

GENERAL INFORMATION

Sub -Recipient Name:

Municipio de Jayuya

Funding Source: ☐ Section 5307 ☒ Section 5310 ☒ Section 5311 ☐ Section 5339

Sub-recipient Representative:

María Ortiz

Personnel conducting compliance visit:

Norma L. García

Date of compliance:

28 September 2021.

ORGANIZATIONAL

Brief of description of sub recipient service:

Sections 5310-5311 DUNS: 011172623
fare rate \$ 1.50 Certification and Assurance
fta da: n/a

RESULTS OF THE REVIEW

Total of Deficiencies:

Description of Deficiencies (include regulation citation)

Measures to Prevent Recurrence(s):

Is a Corrective Action Plan (CAP) required: ☐ Yes ☐ No

Project Date of CAP Completion:

Received by:

REVIEW AREAS

Overview

The PRHTA is responsible for monitoring sub-recipients and contractors to ensure that all fiscal, federal, and programmatic responsibilities are fulfilled. The purpose of this Compliance Review report is to provide an internal control mechanism designed to review performance over a period and to evaluate compliance of sub-recipients and contractors funded with federal funds.

Monitoring also allows jurisdictions to provide technical assistance to help subrecipients and contractors comply with applicable laws and regulations, improve technical skills, increase capacity, and stay updated on regulations.

Intermodal – Transit Division will be responsible for monitoring sub-recipients and contractors no less than twice per contract year and more often should it be necessary.

The review will include a physical on-site visit at the location where the sub-recipients and contractors maintain the project records.

Areas for monitoring sub-recipients and contractors shall include:

- | | |
|------------------------------------|----------------------------------|
| 1. Legal | 8. ADA |
| 2. Technical Capacity | 9. Title VI |
| 3. Financial Management | 10. Equal Employment Opportunity |
| 4. Procurement | 11. Drug and Alcohol Program |
| 5. DBE | 12. Safety and Security |
| 6. Satisfactory Continuing Control | 13. Public Comment |
| 7. Maintenance Program | |

Citation References. The ___ public transportation program operates under transit provisions including, but not limited to the following:

Federal Transit Administration (FTA): www.fta.dot.gov/

Code of Federal Regulations (CFR): www.access.gpo.gov/nara/cfr/cfr-table-search.html

United States Code (USC): www4.law.cornell.edu/uscode/

Process. The Compliance Monitoring and Site Visit process include the following:

1. Pre-Site Visit Activities: A copy of the document checklist and the Compliance Monitoring Questionnaire will be sent to sub-recipients prior to the scheduled site visit. **Sub-recipients will be asked to submit certain documents in advance as part of the desk review.** PRHTA Staff will review this documentation prior to the on-site compliance monitoring site/visit.
2. Entrance Interview: The entrance interview conveys the purpose and focus of the visit and to inform the sub-recipient of specific tasks to be completed during the visit, specifically activities outlined on the Compliance Questionnaire.
3. Compliance Monitoring: PRHTA staff will conduct on on-site visit to verify that documentation, policies, and procedures supports the reviewer's observations and conclusions.
4. Exit Interview: The exit interview provides PRHTA and the sub-recipient an opportunity to review findings and/or provide the necessary recommendations to improve the administration of program(s).

REVIEW AREAS

1. LEGAL

Legal	YES	NO	N/A
1. Is the sub-recipient designated as the body legally responsible for the overall organization, management, and operation of the transportation system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have an authorizing resolution passed by a governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the sub-recipient promptly notified _____ and FTA of any legal matters that may affect the FTA? If yes, please list details including date, name of complainant and summary of allegation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the sub-recipient promptly notified _____ and FTA of any instances relating to false claims under the False Claims Act or fraud?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the sub-recipient use only non-appropriated funds for any lobbying activities and did the agency file the disclosure form to FTA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. TECHNICAL CAPACITY

Sub Recipient Oversight	YES	NO	N/A
1. Determine if the sub-recipient is eligible to receive assistance under federal award programs.: <input type="checkbox"/> Private non-profit organizations. <input checked="" type="checkbox"/> State or local governmental authorities <input type="checkbox"/> Operators of public transportation services			
2. Is there a signed lobbying certification on file from sub-recipients entering into agreements exceeding \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Was the sub-recipient ever suspended, debarred, ineligible or voluntarily excluded from participation in federally assisted transactions or procurement before entering into agreements exceeding \$25,000? (Check SAM, Collect certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is sub-recipient compliant with federal requirements and performance goals, and provide for evaluation of sub-recipient risk of noncompliance with those requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project Management (TPO)	YES	NO	N/A
5. Does the sub-recipient provide administrative and management oversight of project implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the sub-recipient monitor activities (technical inspection and supervision of construction project, technology project, planning projects) under the award to assure schedules are met and other performance goals are achieved? Has the sub-recipient maintain project work schedules? Does sub-recipient ensure conformity to applicable statutes, codes, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. What is the sub-recipient process for determining the applicability of, and ensuring compliance with, all Federal requirements? <i>Municipality / PR AFTA</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are sub-recipient expenditures within the latest approved award budget? If projects are not on budget, what are the reasons justified in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is the sub-recipient using force account labor for any FTA-funded capital project, did it comply with FTA requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REVIEW AREAS

Project Management (TPO) cont.	YES	NO	N/A
10. Are there transit management or service contractors? If yes, are there written policies, procedures and plans that address the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Site visit checklist(s)/reports, Vehicle/facility checklist reports applicable to FTA requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Standardized monitoring forms/processes that are consistent with FTA/	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timely notification on any significant issues follow up on findings and improvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of the individual responsible for conducting the monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Award Management	YES	NO	N/A
11. Has the sub-recipient submitted milestone progress reports (MPRs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How often is the sub-recipient required to submit MPRs? <i>Quarterly</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the MPR contain a narrative of activity status and any problems encountered in implementation, specification preparation, bid solicitation, resolution of protests, or third-party contract awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If there were schedule changes, is there:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• An explanation of why scheduled milestones or completion dates were not met?			
• Identification of problem areas and a narrative on how the problems will be solved?			
• A discussion of the expected impacts and the efforts to recover from the delays?			
15. Does the recipient ensure timely expenditure of funds and close out of awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. FINANCIAL MANAGEMENT

	YES	NO	N/A
1. Does sub-recipient meet A- 133 threshold of \$750,000 across all Federal Programs? (If No, please skip to question 4 or 5 depending on program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient have comprehensive policies and procedures in place for managing awards and internal control? Does the policies and procedures address internal control practices to prevent waste, loss and misuse of federal funds? Have policies and procedures been updated to reflect any changes to federal regulatory requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the sub-recipient conducted the required Single Audit, and submitted to _____? When? Choose date from calendar <i>3/4 2020 Jumbo-Bred Co.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If there were findings in audits related to FTA or US DOT programs, was a copy of the audit and the SF-SAC submitted to the FTA regional office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REVIEW AREAS

Financial Management	YES	NO	N/A
5. If there were findings associated with the audit, has the sub-recipient completed a corrective action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has 3 years – or longer financial plan been submitted to ___? (5307 Program only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the sub-recipient have financial resources to provide local share? Is the amount eligible for operating assistance calculated in compliance with FTA guidance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient receive operating assistance from FTA? Do amounts for which reimbursement is sought exclude ineligible costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the sub-recipient complied with requirements for charging indirect costs to FTA awards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the sub-recipient have an approved CAP and/or ICRP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Was the annual CAP and/or ICRP proposal submitted to the cognizant agency in accordance with the agency's requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Are requests for reimbursements reviewed to ensure that only allowable expenses have been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. PROCUREMENT

Policies and Procedures	YES	NO	N/A
1. Does the sub-recipient have written procurement policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, answer question #2			
2. Do procurement policies and procedures provide for and/or address the following:			
• Written standards of conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review of procurement requests to avoid duplicative or unnecessary purchases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written procurement history (rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written protest procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written selection procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Full and open competition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prohibition of geographic preferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DBE participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Contracts	YES	NO	N/A
3. Does the sub-recipient ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the recipient conduct oversight of third party contractors to ensure performance in accordance with contract terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. If the recipient awarded revenue contracts during the review period did it use a competitive process for the award, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REVIEW AREAS

Third Party Contracts cont.	YES	NO	N/A
6. Did the recipient approve, evaluate, and document change orders to procurements?			
7. Are contracts limited to five years for any rolling stock or replacement parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Were any rolling stock or repair parts purchased? If yes, are term limits for each of these contracts less than or equal to five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Were any other goods or services purchased? If yes, a. If the sub-recipient used micro-purchase procedures, was it done in accordance with requirements? b. If the sub-recipient used small purchase procedures, was it done in accordance with requirements? c. If the sub-recipient used sealed bid procedures, was it done in accordance with requirements? d. If the sub-recipient used competitive proposal procedures, was it done in accordance with requirements? e. Did the sub-recipient include written justification of any non-competitive or sole source procurements in the procurement file? f. If the sub-recipient had awarded a contract to a single bidder, did it appropriately determine that the item was available only from a single source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Is a cost or price analysis performed in connection with every procurement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the recipient procure A&E services in accordance with 49 U.S.C. §5325(b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the recipient base the quantity or amount of options on its reasonably foreseeable need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Did the recipient evaluate option prices included in solicitations prior to contract award?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FTA Required Clauses	YES	NO	N/A
14. Did the sub-recipient include applicable federal clauses in FTA-funded procurements exceeding the micro-purchase limit and construction contracts over \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Did the recipient include required lobbying certifications in solicitations and receive signed certifications from contractors as part of bid responsiveness in procurements over \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. If the recipient included liquidated damages in its procurements, did it specify the rate in the contract, based on a calculation and rationale?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. DBE

Disadvantaged Business Enterprise (DBE)	YES	NO	N/A
1. Did the organization receive more than \$250,000 in federal funds? If yes, did the sub-recipient submit a DBE Program for approval? Does the DBELO have direct and independent access to the CEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a Semi-Annual Form "Uniform Report of DBE Awards completed and forwarded to the ____ district by the prescribed reporting period? Reporting Period: May 15 (Oct. 1 - Mar 31) and Nov. 10 (April 1 - Sept. 30). Are the uniform reports completed accurately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REVIEW AREAS

Disadvantaged Business Enterprise (DBE) cont.	YES	NO	N/A
3. For each of the past three completed Federal fiscal years, if the sub-recipient's DBE achievements (based on contract awards) were below the overall goal for the applicable year, did the sub-recipient complete the required shortfall analysis and corrective action plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can documentation ("good faith efforts") be presented that DBE's have had the maximum opportunity to compete for and perform contracts and subcontracts financed in whole or in part with FTA funds? Examples of Good Faith Efforts include, but not limited to: a. Ensuring DBE's are aware of contracting opportunities by advertising for DBE on your website, focus groups, meetings, news, events, journals, etc. b. Soliciting disadvantaged businesses by fax, e-mail, and telephone; and Documenting proof of all good faith outreach performed by DBE Good Faith on your behalf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the sub-recipient certified that they have visited the work site and to ensure that work committed to DBEs is performed by DBEs? (49 CFR 26.37)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the sub-recipient submit its goal on time? Has the recipient implemented steps to meet the maximum feasible portion of its overall goal race-neutrally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Satisfactory Continuing Control

Satisfactory Continuing Control	YES	NO	N/A
1. Does the sub-recipient maintain adequate records on the status of real property and submit required reports and notifications to _____?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If real property was acquired, were all actions, including just compensation, property or properties under litigation, administrative settlements, and condemnation for each parcel reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the sub-recipient maintain control over FTA-funded equipment and ensure equipment and property are being used for its intended purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was equipment withdrawn from use and disposed of in accordance with 2 CFR 200 and FTA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the sub-recipient have incidental uses of any FTA-funded real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the sub-recipient follow FTA requirements for incidental use of real property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are bus fleets managed in accordance with FTA requirements for spare ratios and contingency fleets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the recipient have flood insurance for any FTA-funded buildings located in areas that have been identified as having special flood hazards and in which the sale of flood insurance has been made available under the National Flood Insurance Act of 1968	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inventory	YES	NO	N/A
9. When was the last physical inventory completed? Date: Choose date from calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have there been any changes to the status of real property and/or equipment since the last physical inventory? If yes, was _____ notified in writing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Was an accurate inventory list been provided to _____ as per checklist?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REVIEW AREAS

Inventory		
11. Does sub-recipient meet the mandatory spare ratio of 20%? (If greater than 50 vehicles?) Spare Ratio = Total Peak Hour Vehicle Requirement/Spare Vehicles	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. MAINTENANCE PROGRAM

	YES	NO	N/A										
1. Does the sub-recipient have a written maintenance plan for FTA-funded assets (Vehicles, facilities, and equipment) that includes:													
• Periodic preventive maintenance inspections and scheduled services including wheelchair lifts, ramps, kneeler, public address systems, voice annunciation systems, specific mission critical and safety items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
• Warranty compliance and recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
• Provisions for wheel-chair lifts and other accessible equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
• Management of maintenance resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
• Standards for maintenance subcontractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2. Vehicle Inspections and Checklists _____ staff will inspect maintenance logbooks with service schedules (based on fleet size) and respond to questions 13-17 outlined below.													
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Inspection Sample Size</th> </tr> <tr> <th>Fleet size</th> <th>Log Books Inspected</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1-5</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">6-15</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">16+</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Inspection Sample Size		Fleet size	Log Books Inspected	1-5	1	6-15	2	16+	3			
Inspection Sample Size													
Fleet size	Log Books Inspected												
1-5	1												
6-15	2												
16+	3												
3. Are pre-trip inspections conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4. Does the PM plan describe the inspection procedures for each item listed on the inspection of servicing _____ checklist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5. Does the schedule indicate when (according to mileage or time) each service is scheduled to be performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
6. Does the schedule indicate the date/mileage when services were performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
7. Using the vehicle maintenance log with the service schedule and pre-trip inspection checklist compare when a service was due vs. when service was performed. Is the correlation reasonable? (10 percent +/-) Was the DVR accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
8. Are warranty claims pursued prior to seeking reimbursement from ? What is the sub-recipients system for identifying and tracking warranty issues and recovering warranty claims?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Maintenance Resources	YES	NO	N/A										
9. Does the maintenance plan address the following?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
• Goals and objectives													
• Adequate resources (Organizational structure, staffing levels, training, experience)													
• Performance reports/maintenance management reporting system													

REVIEW AREAS

	YES	NO	N/A
Maintenance Procedures for Accessible Equipment			
10. When a lift is discovered to be inoperative, is the vehicle out of service and repaired before the beginning of the vehicle's next service day? If there is no spare vehicle available to take the place of a vehicle with an inoperable lift, entity may keep the vehicle in service with an inoperable lift for no more than five days (if the entity serves an area of 50,000 or less population) or three days (if the entity serves an area of over 50,000 population) from the day on which the lift is discovered to be inoperative. CFR Part 37.163	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/ Equipment Inspection			
11. Was a facility/equipment/real property purchased using FTA funds? If yes, is there a facility/equipment maintenance program that include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> a. An organization and assignment of responsibility for facility and equipment maintenance, and b. A series of inspections and routine maintenance actions designed to ensure proper care and maximize useful service life of facilities and equipment, and c. A record-keeping system that maintains adequate permanent records of maintenance and inspection activity for buildings and equipment. 			
Maintenance Review			
PRHTA staff will conduct random maintenance inspection of buses to ensure proper functionality. (See Appendix 1)	<input checked="" type="checkbox"/>		

8. ADA

	YES	NO	N/A
ADA-General			
1. Does the sub-recipient track, resolve, and respond to ADA-related complaints? Does the sub-recipient have procedures in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the procedures provide for the prompt and equitable resolution of complaints, including a procedure for responding to complaints and tracking the responses?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any ADA Complaints been filed with _____ or FTA?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Does the recipient retain ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the sub-recipient monitor contracted service or service provided by another public entity on the sub-recipient's behalf for compliance with the U.S. Department of Transportation (US DOT) ADA regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Does the sub-recipient follow ADA provision of service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How does the sub-recipient implement the reasonable modification process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Securement, Lift, Availability and Access			
8. Does the sub-recipient accommodate individuals who rely on accessible equipment when that equipment is inoperative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a policy that covers the securement of mobility devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are publicized services made in accessible formats (i.e., large print, TOO, Braille, audio tape)? How does the sub-recipient honor the request for accessible formats?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a written policy on service animals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REVIEW AREAS

Securement, Lift, Availability and Access cont.	YES	NO	N/A
12. Is adequate time allotted for the embarking and disembarking of passengers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the lift/kneel feature functional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Service Equivalency	YES	NO	N/A
14. Is training provided to agency personnel and subcontractors for the safe operation of vehicles, accessibility equipment, and the proper treatment of persons with disabilities? Number of staff trained this year:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Using the same type of service (i.e., fixed route, paratransit, demand response), is the fare and service provided to a disabled passenger the same as the fare that is charged to a non-disabled passenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Are trips prioritized for any purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. How does the sub-recipient ensure there is no pattern or practice of trip denials? Untimely pick-ups? Missed trips? Excessively long trips? <i>Records</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How are trip denials recorded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	YES	NO	N/A
20. Does the facility(s) have at least one accessible entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are bathrooms and water fountains provided and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are public and common use areas accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have any facilities been constructed or modified? If yes, were the modifications in accordance with 49 CFR Part 37, "ADA Accessibility Guidelines?"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ADA - Complementary Paratransit	YES	NO	N/A
24. Is the sub-recipient a fixed route service provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, skip questions 15-25. If yes, do you have a Complementary Para-transit Plan? When was the plan updated? Choose date from calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Does the recipient provide ADA complementary paratransit service to out-of-town visitors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. If the recipient has a no-show/late cancellation policy for ADA complementary paratransit service, does it meet the ADA complementary paratransit service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does the recipient limit the availability of service to ADA paratransit eligible individuals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Does the sub-recipient's eligibility determination process meet ADA complementary paratransit service requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is there an appeals process? Does the process allow the applicant the opportunity to be heard and to present formation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is next day service provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Are trips scheduled within one hour of the requested trip time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Are fares no more than twice the fixed route fare?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Is service provided within 3/4 mile of fixed routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REVIEW AREAS

ADA - Complementary Paratransit cont.	YES	NO	N/A
34. Are fares charged for Personal Care Attendants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. Is service available during the same hours and days as fixed route?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Does subscription service exceed 50 percent (unless there is non-subscription capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Route Deviation Service			
To be considered demand responsive, the service must deviate for the general public, not just persons with disabilities. If deviations are restricted to a group, the service ceases to be a form of demand-responsive service for the general public.			
37. Is general route deviation service open to the general public? Is route deviation service used as your method for demand-responsive service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Does the service deviate for people with and without disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the service publicly advertised as route deviation service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Does the service have characteristics similar to those of a demand responsive service? Examples include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Response time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fares	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Geographic area of service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hours and days of service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Restrictions or priorities based on trip purpose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Availability of information and reservations capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any constraints on capacity or service availability.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation Check			
39. PRHTA staff should observe a minimum of one of the following sub-recipient functions. It is recommended the transit agency be contacted prior to completing any of the following:			
<input type="checkbox"/> Riding the service <input type="checkbox"/> Observing transit agency reservation service <input type="checkbox"/> Observing transit agency scheduling <input type="checkbox"/> Observing transit agency dispatching <input type="checkbox"/> Observing ADA complementary paratransit eligibility process			
Description of the observation results:			
Comments:			

REVIEW AREAS

9. TITLE VI

Complaints and Lawsuits	YES	NO	N/A
1. Are there complaint policies and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for filing complaints (organization name, phone numbers, etc.) readily accessible to riders, employees, and applicants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were any transit related lawsuits/complaints filed within the past year? If yes, does the review of lawsuits/complaints denote a pattern of discrimination? If yes, provide the following information:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date the lawsuit/complaint was filed			
Name and address of the complainant			
A summary of the allegation			
4. Are complaints documented and are they assigned to the appropriate transit staff for investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do riders, employees, and applicants have the option to file a complaint with organizations other than the sub-recipient? If so, who:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is the name and title of the person in the organization responsible for ensuring Civil Rights requirements are fulfilled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: <u>María M. Ortiz</u> Title: <u>Director</u>			
Title VI Program	YES	NO	N/A
7. Does the sub-recipient have a Title VI Program consisting of the following elements:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Title VI Notice to the Public, including a list of locations where the notice is posted and the following contents:			
a. a statement that the agency operates programs without regard to race, color, or national origin;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. a description of the procedures that members of the public should follow to request additional information on the recipient's Title VI obligations:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. a description of the procedures that members of the public shall follow to file a Title VI discrimination complaint against the recipient.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Title VI Complaint Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. List of transit-related Title VI investigations, complaints, and lawsuits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Public Participation Plan, including information about early and continuous outreach methods to engage minority and limited English proficient populations (LEP) in the identification of social, economic, and environmental impacts of proposed transportation decisions, as well as a summary of outreach efforts made since the last Title VI Program submission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* Documento sometido referente a Anuncio al Público tiene referencia a una compañía llamada Hazelton Public Transit. Es importante atenderlos a la información del Municipio.

REVIEW AREAS

Limited English Proficiency (LEP)	YES	NO	N/A
8. To ensure meaningful access to programs and activities, transit providers shall use the information obtained in the Four Factor Analysis to determine the specific language services that are appropriate to provide. Were the following Four Factors (e.g. Four Factor Analysis) used to determine which language assistance services are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. The frequency with which LEP persons meet the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. The nature and importance of the program, activity, or service provided by the program to people's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are vital documents (schedules, brochures, etc.) provided in languages other than English? Examples of vital documents include an-ADA complementary paratransit eligibility application, a Title VI complaint form, notice of a person's rights under Title VI, and other documents that provide access to essential services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. How are minority organizations/communities notified of public meetings, program opportunities, new or a change in service (i.e., hours of service, delivery points) using the media, city, and council representatives, etc.?).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. EQUAL EMPLOYMENT OPPORTUNITY

	YES	NO	N/A
1. Does the sub-recipient employees 100 or more transit-related employees? If yes, has the organization received more than \$1 million in capital or operating assistance or more than \$250,000 in planning assistance in the previous federal fiscal year? If so, is there an EEO program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the sub-recipient employees 50-99 transit-related employees? If so, is there an abbreviated EEO program? If yes, has the organization received more than \$1 million in capital or operating assistance or more than \$250,000 in planning assistance in the previous federal fiscal year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Does the abbreviated EEO program include the following elements?			
a. Statement of Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Policy Dissemination Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Designation of Personnel Responsibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assessment of Employees Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Monitoring and Reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REVIEW AREAS

EQUAL EMPLOYMENT OPPORTUNITY	YES	NO	N/A
4. Are the required posters/materials listed below placed in conspicuous places (lunchrooms, building entry, lobby, etc.) and made available to employees and applicants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. EEO Policy Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Equal Employment Opportunity (EEO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family and Medical Leave Act (FMLA) of 1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Employee Polygraph Protection Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Fair Labor Standards Act (FLSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an EEO Program Plan in accordance with FTA Circular 4704.1 EEO and include the following elements:			
a. Designation of personnel responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Workforce Utilization Analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Goals and timetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assessment of past employment practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Proposed remedies for problem areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Monitoring and reporting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal EEO Plan requires designation of personnel responsibilities, a workforce analysis (including an identification of areas of underutilization), goals and timetables, an assessment of past employment practices, proposed remedies for problem areas, and a monitoring and reporting system.			
Underutilization Analysis. The purpose of the utilization analysis is to identify those job categories where underutilization and/or concentration of women or minorities exist in relation to their availability in the relevant labor market. It is also to establish the framework for goals and timetables and other affirmative actions to correct employment practices that may have contributed to any underutilization or concentration.			
5. Were specific percentage and numerical goals with timetables created to correct any underutilization of specific affected classes of persons identified in a workforce utilization analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were goals set in the previous submission met? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REVIEW AREAS

11. DRUGS AND ALCOHOL PROGRAM

	YES	NO	N/A
1. Does the sub-recipient have a board-adopted drug and alcohol misuse policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a Drug and Alcohol testing program for safety sensitive employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is transit service subcontracted? If yes, how do you monitor subcontractors with safety sensitive employees to ensure drug and alcohol testing programs are administered in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do contractors and subcontractors with safe sensitive employees have drug and alcohol testing programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the drug policy contain the following information:			
a. Approval by governing board or other "final authority" for the subrecipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identity of contact person, office, or position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Employee categories to be tested – safety sensitive positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prohibited behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Testing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Testing procedures – consistent with 49 CFR 40, as amended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Required participation by employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Behavior that constitutes refusal to submit to a test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Consequences for an employee who has a verified positive test result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Consequences for an employee found to have an alcohol concentration of 0.02 or greater, but less than 0.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Any program elements in addition to those required by FTA defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the sub-recipient maintain drug and alcohol program records in a secure location with controlled access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was drug awareness program performed in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are drug test records maintained for specified period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do all medical review officers, substance abuse professionals, breath alcohol technicians, and collectors in the drug and alcohol testing program have the required qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have contractors, lessees, and subcontractors with safety-sensitive employees filed annual MIS reports with the recipient? Have subrecipients with safety-sensitive employees filed annual MIS reports with the recipient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-Revisar documento "Reglamento para establecer el proceso para administrar prueba..." con fecha de junio 2021 pero su contenido tiene fecha de julio de 2009.

REVIEW AREAS

Drug Free Workplace	YES	NO	N/A
11. Does the sub-recipient have a written policy as prescribed by the Drug-Free Workplace? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is it distributed periodically to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the sub-recipient have an on-going drug awareness program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the sub-recipient ensure that all covered employee receive the required 60 minutes of training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the recipient ensure that all supervisors or other officials responsible for making reasonable suspicion determinations receive the required 60 minutes of training on drug use and 60 minutes of training on alcohol misuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the sub-recipient notified its employees that the unlawful manufacture, distribution dispensing, possession, or use of a controlled substance is prohibited in the workplace? How? How are vendors monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have employees been notified of the dangers of drug abuse and any available drug counseling, rehabilitation, and employee assistance programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have they been notified of their responsibility to report any criminal drug statute conviction for a violation occurring in the workplace to the sub-recipient within five days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the sub-recipient notified employees of the sanctions that they might be subject to for violation of the Drug-Free Workplace requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection Sites	YES	NO	N/A
20. Does the sub-recipient have on file the qualifications for the following:			
a. Medical Review Officers (MROs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Substance Abuse Professionals (SAPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Screening Test Technicians (STTs) Breath Alcohol Technicians (BATs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. SAFETY AND SECURITY -5307 SUB RECIPIENT

Security Expenditures	YES	NO	N/A
1. Does the sub-recipient utilize one percent of its Section 5307 expenditures for transit security? If no, please explain why funds are not used for this purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the sub-recipient keep a log of all safety and security assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REVIEW AREAS

13. PUBLIC COMMENT ON FARE INCREASES AND MAJOR SERVICE REDUCTIONS

Public Comment	YES	NO	N/A
1. Does the sub-recipient have written procedures on fare increases or major services reductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the sub-recipient increased fares or had any major service reductions since the last review?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. If yes, did the sub-recipient follow its public comment procedures on fare increases and major service reductions (request copies of public notices related to fare increases and major service reductions).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This checklist has been reviewed for section completeness:

	Name	Signature	Date
FCO Director			